



Board of Health Meeting

Tuesday, October 26, 2021, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the October 26, 2021 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH10262021> or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, October 25, 2021.

***Meeting Format** : In-person attendance at the meeting will be limited. Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on [the SWDH YouTube channel](#).

Agenda

A = Board Action Required		G =Guidance	I = Information item
9:00	A	Call the Meeting to Order	Chairman Bryan Elliott
9:02		Pledge of Allegiance	
9:04		Roll Call	Chairman Bryan Elliott
9:06	A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:08	A	Approval of Minutes – September 21, 2021	Chairman Bryan Elliott
9:10		In-Person Public Comment	
9:20	I	Open Discussion	SWDH Board Members
9:30	I	COVID-19 Situation Update	Nikki Zogg
9:40	A	COVID-19 Response Letter to Governor	Nikki Zogg
9:45	I	Introduction of New Employees	Division Administrators
9:55	I	September 2021 Expenditure and Revenue Report	Troy Cunningham
10:05	I	Western Idaho Community Health Collaborative (WICH) Update	Alexis Pickering
10:20		Public Information Officer Quarterly Update	Ashley Anderson
10:30		Break	
10:40	I	Aquifer Stability	Dennis Ashley, IDWR
11:10	I	Public Drinking Water Program	Lisa Bahr
11:30	A	Region 3 Behavioral Health Board	Nikki Zogg
11:35	G	House Bill 316	Nikki Zogg
11:40	I	Director's Report	
		Strategic Plan Update, Goals, and Processes	
11:50		Executive Session pursuant to Idaho code 4-206(1)(f)	
12:00		Adjourn	

NEXT MEETING: Tuesday, November 16, 2021, 9:00 a.m.
followed by Public Health Symposium at 12:30 - 2:30 p.m.

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BOARD OF HEALTH MEETING MINUTES
Tuesday, September 21, 2021

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County – present via Zoom
Keri Smith, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Sam Kenney, Josh Campbell

Via Zoom: Troy Cunningham, Rachel Pollreis, Ashley Anderson, Doug Doney, Chuck Washington, Jaime Aanensen

GUESTS:

Guests viewed the live stream via SWDH You Tube page.

CALL THE MEETING TO ORDER

Chairman Bryan Elliott called the meeting to order at 9:03 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Commissioner Aberasturi – present; Dr. Summers – present; Chairman Elliott – present; Commissioner Hanigan – present via Zoom; Commissioner Purdy – present; Commissioner Haines – present via Zoom; Commissioner Smith – present

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

MOTION: Commissioner Smith made a motion to accept the agenda as presented. Dr. Summers seconded the motion. All in favor; motion carries.

APPROVAL OF MINUTES – AUGUST 24, 2021

MOTION: Commissioner Aberasturi made a motion to approve the minutes from the August 24, 2021 Board of Health meeting as presented. Chairman Elliott seconded the motion. Six in favor; one abstained; motion passes.

IN-PERSON PUBLIC COMMENT

No members of the public provided in-person public comment.

OPEN DISCUSSION

Canyon County issued an emergency declaration due to the area's hospitals' recent move to crisis standards of care. Gem County also reinstituted an emergency declaration through the end of the calendar year.

Commissioner Purdy voiced objection to pursuing work to improve access for youth to behavioral health resources, which was discussed at the Board of Health meeting in August. Nikki provided additional information about Southwest District Health's efforts to investigate and understand the current trends in youth behavioral health and to work with our community partners to address gaps that currently exist in the behavioral health system. The goal of Southwest District Health's efforts are to align and maximize resources and reduce gaps so youth in our community have access to the services they need. Southwest District Health does not intend to deliver youth crisis services or build any new government programs. Commissioner Purdy appreciated the clarification.

COVID-19 SITUATION UPDATE

Nikki provided an update on the impact of current COVID-19 case numbers across the six-county region Southwest District Health represents. Increased positivity rates and incidence rates are expected to continue for a few more weeks.

Board members asked about monoclonal antibody treatment sites. Nikki explained that the Governor recently announced that monoclonal antibody sites will be added to three areas of the state.

Commissioner Smith voiced challenges Canyon County has faced about the way the State of Idaho has chosen to respond to the COVID-19 pandemic. Board members and Nikki discussed encouraging the Governor to implement the state's pandemic response plan and stand up a structure using National Incident Management System (NIMS). Our state's first responders, including public health districts and hospitals, all follow the Incident Command System (ICS), an infrastructure for communication that helps coordinate resources and set shared objectives.

Chairman Elliott asked Board members for guidance on how to best convey this request to the State. Board members suggested Nikki write a letter to the State on behalf of SWDH but also share it with other public health districts. Nikki will share any correspondence she sends to the State with Board members and will include this topic for further discussion at next month's Board of Health meeting.

INTRODUCTION OF NEW EMPLOYEES

No new employees were introduced.

AUGUST 2021 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, SWDH Financial manager, presented the August 2021 Expenditure and Revenue Report.

CONTRACT FUNDING SOURCE UPDATE

Troy Cunningham provided an updated contract funding source table to Board members.

WESTERN IDAHO COMMUNITY CRISIS CENTER QUARTERLY UPDATE

Sam Kenney provided the Quarter 1 report to Board members in the meeting packet. Sam pointed out a few highlights and explained that the Crisis Center quarter 1 was April, May, and June due to the opening date of the Crisis Center in 2019.

Daily utilization is trending down. The daily census is about eight which is down from twelve and about 80% of clients are coming from Canyon County. Sam also noted that the demographics are shifting to a higher percentage of older individuals.

Crisis center team members have been educating partners and law enforcement agencies to remind them of crisis center services and have stocked emergency departments with materials to help with diversion.

CLINIC SERVICES DIVISION UPDATE

Josh Campbell, Clinic Services Division Administrator, provided an update on clinic services. He explained the clinic's biggest challenge currently is staffing. Nurses are the most difficult to recruit.

BEHAVIORAL HEALTH BOARD CONTRACT DISCUSSION

Nikki provided an update on the current status of the contract with the Behavioral Health Board (BHB). Nikki met with the BHB chair and vice-chair during a regularly scheduled meeting. There, it was agreed upon that the two organizations would provide their expectations of one another in writing. In a memo to the BHB, Nikki provided a list of expectations for a successful contractual relationship and requested the BHB supply their expectations of Southwest District Health. Chairman Elliott shared that one of the BHB members reached out to him and questioned if Southwest District Health could influence or request a change to the BHB leadership positions. Nikki is unsure about the legality of SWDH asking for a change in board leadership and suggested taking the issue to legal counsel. She clarified that the SWDH contract is with Idaho Department of Health and Welfare (IDHW) not the BHB. Nikki anticipates waiting to see what BHB leadership requests in their letter of expectations.

Board members acknowledged the need to protect SWDH staff as well as maintain a working relationship with the BHB. Board members provided guidance to wait to receive the letter of expectations from the BHB and choose a path forward from there.

DIRECTOR'S REPORT

Opioid Settlement Update

Nikki shared that the Attorney General's Office is proposing a split of funds to litigating cities and counties. Under the terms, the health districts would need to participate and release opioid related claims against Defendants in order to receive funds. Nikki has communicated that SWDH is willing to do that.

House Bill 316 Update

Division of Human Resources (DHR) has communicated to public health district directors that they will pursue removing PHDs from the merit-based classification. Most of the public health districts are interested in using the system and similar processes that are in place, and have discussed two minor changes: moving some of the clinical positions into different pay grades and adding a few positions to build in opportunities for advancement that do not currently exist in some professions.

This transition may be delayed until June 2022 or later to ensure health districts have the appropriate infrastructure in place.

Public Health Symposium – Revised Date

The date for the Public Health Symposium has been moved to November 16, 2021 following the Board of Health meeting. The change was made due to the current high number of COVID-19 cases.

There being no further business, the meeting adjourned at 11:33 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date



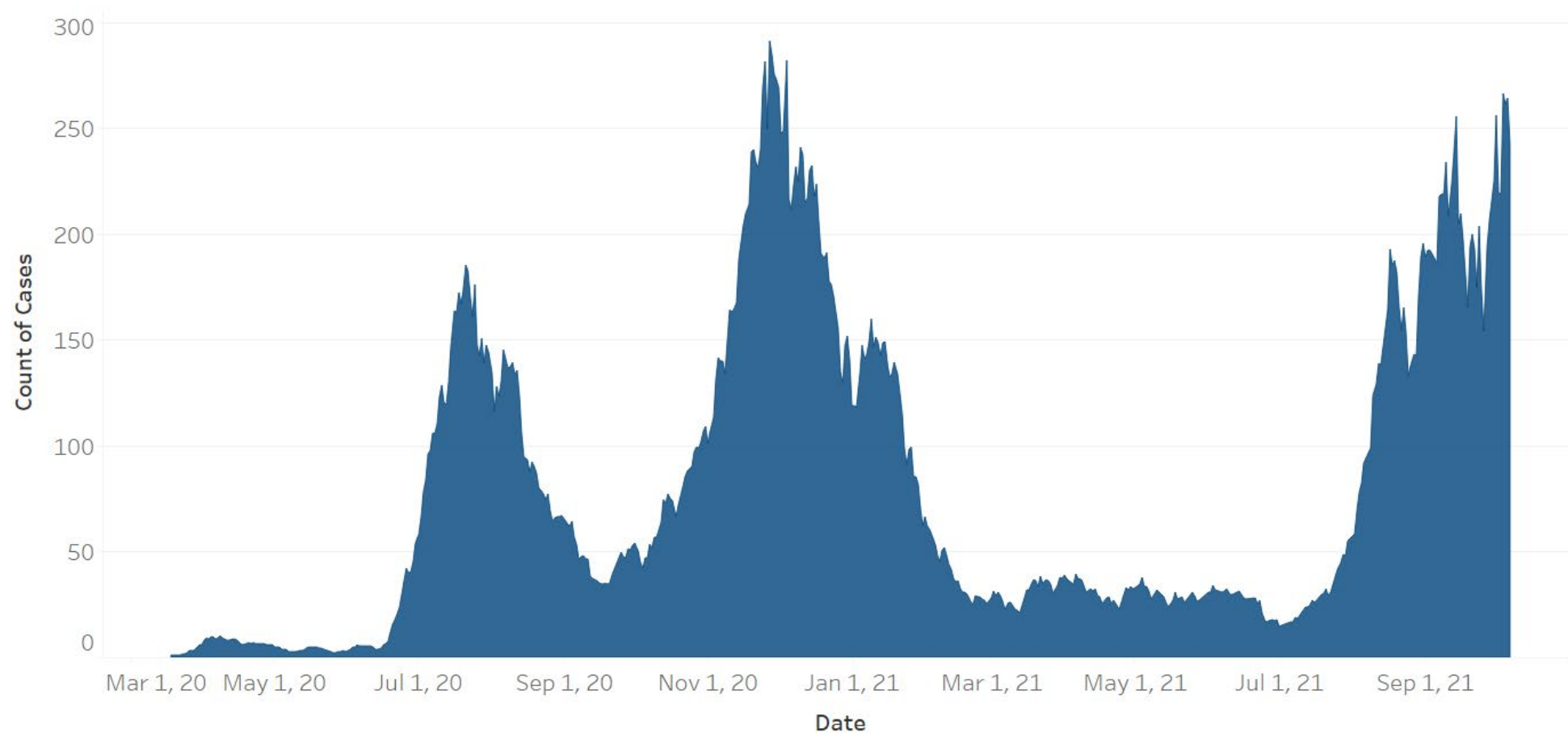
COVID-19 SITUATION UPDATE

October 26, 2021

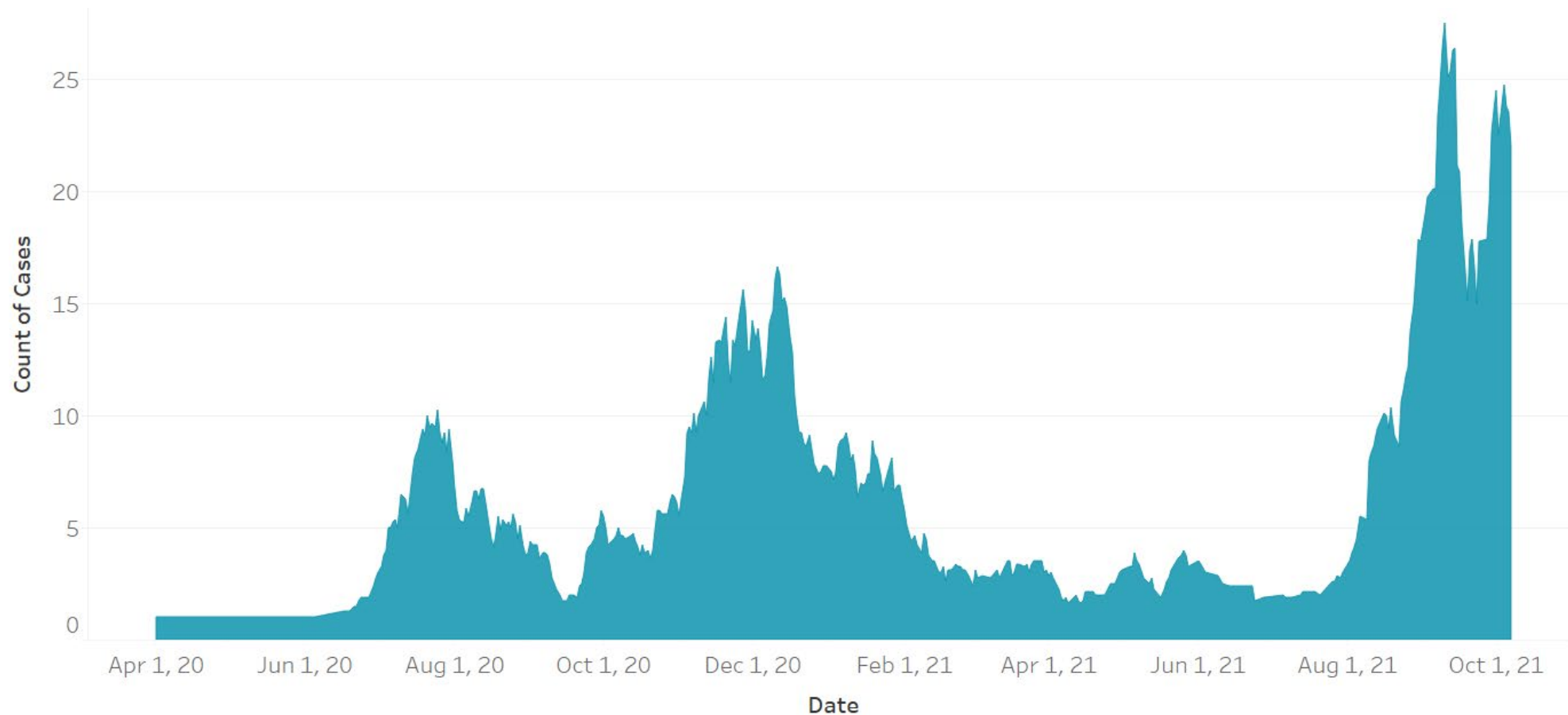
HEALTHIER TOGETHER

[SWDH.ORG](https://www.swdh.org)

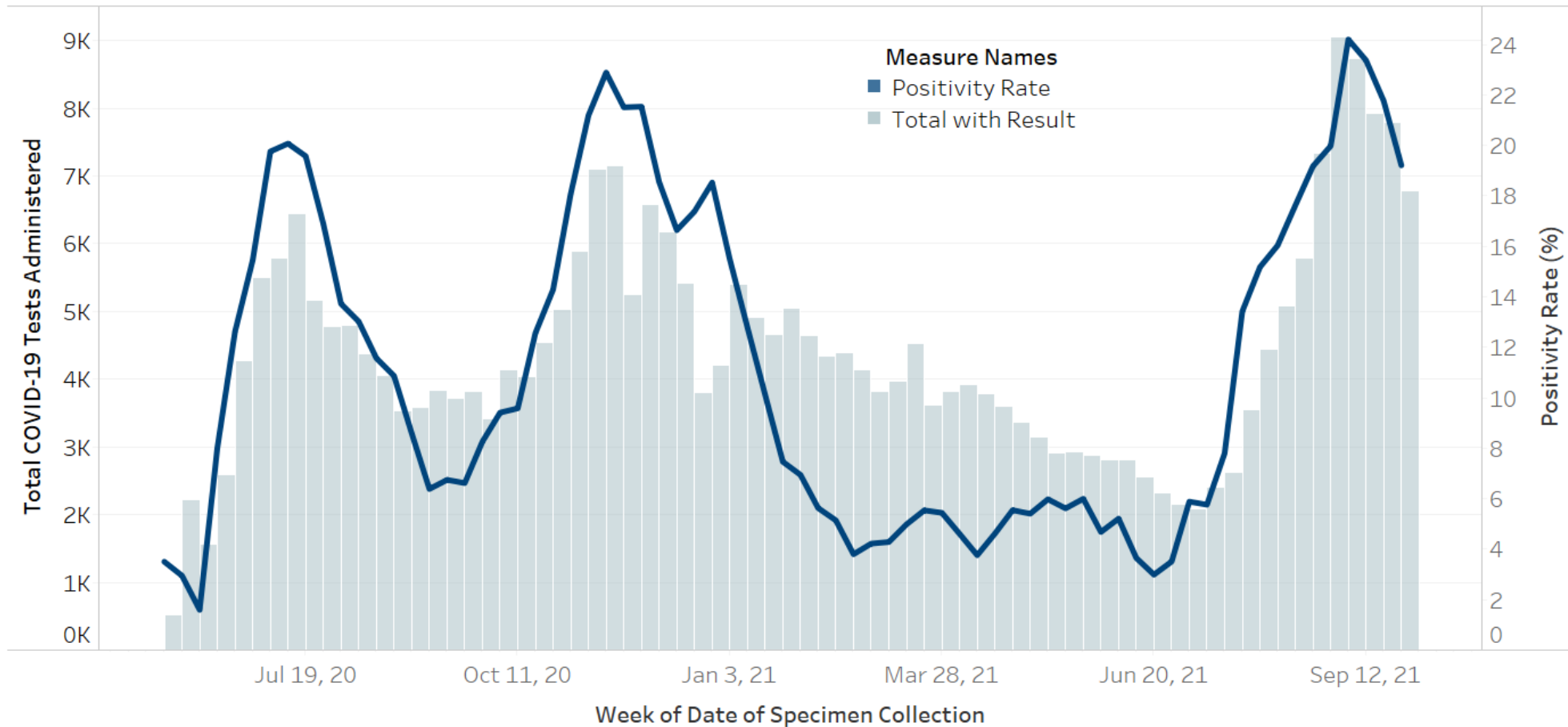
Current Disease Trends – 7 Day Average of Confirmed and Probable Cases



Current Disease Trends – 7 Day Average of Confirmed & Probable Cases, 13-18 years of age

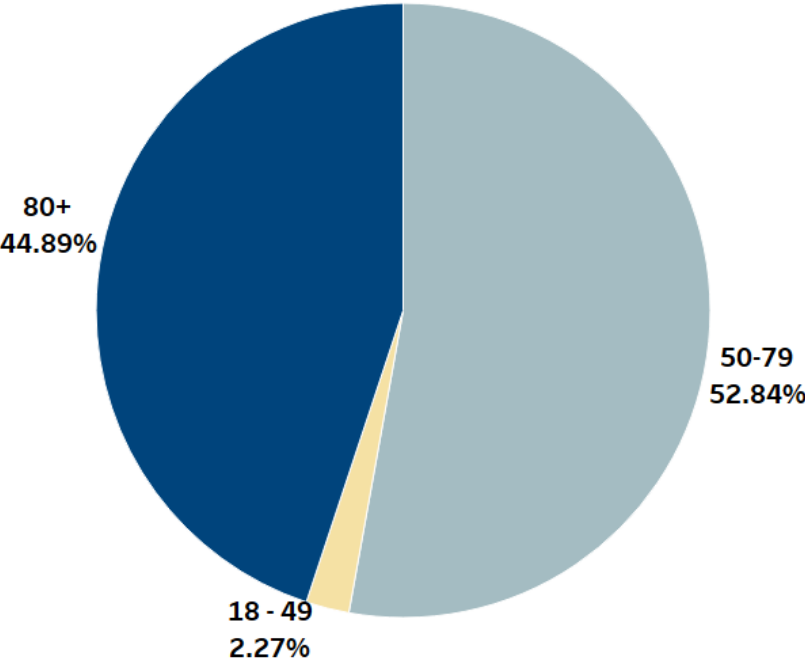


Current Disease Trends – Positivity Rate & Total Testing

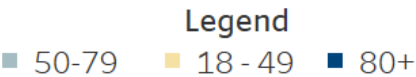
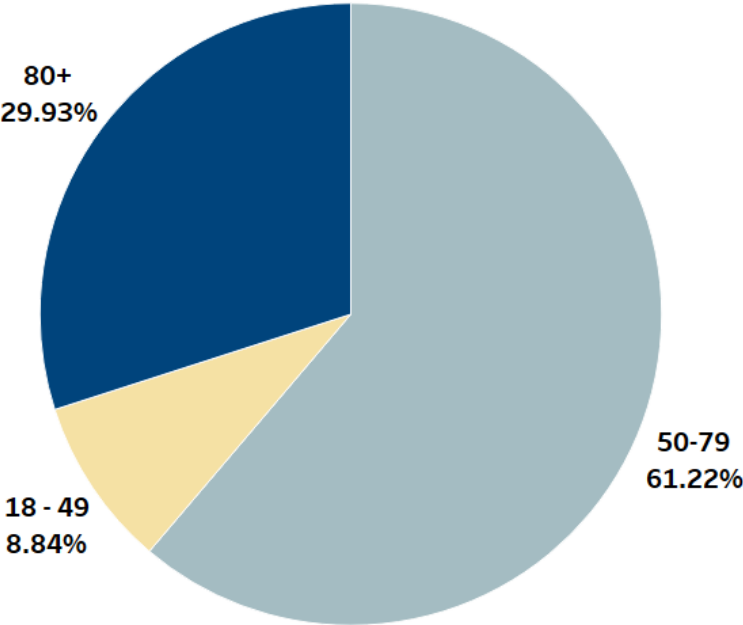


Shifts in Death by Age Group, 2020 & 2021

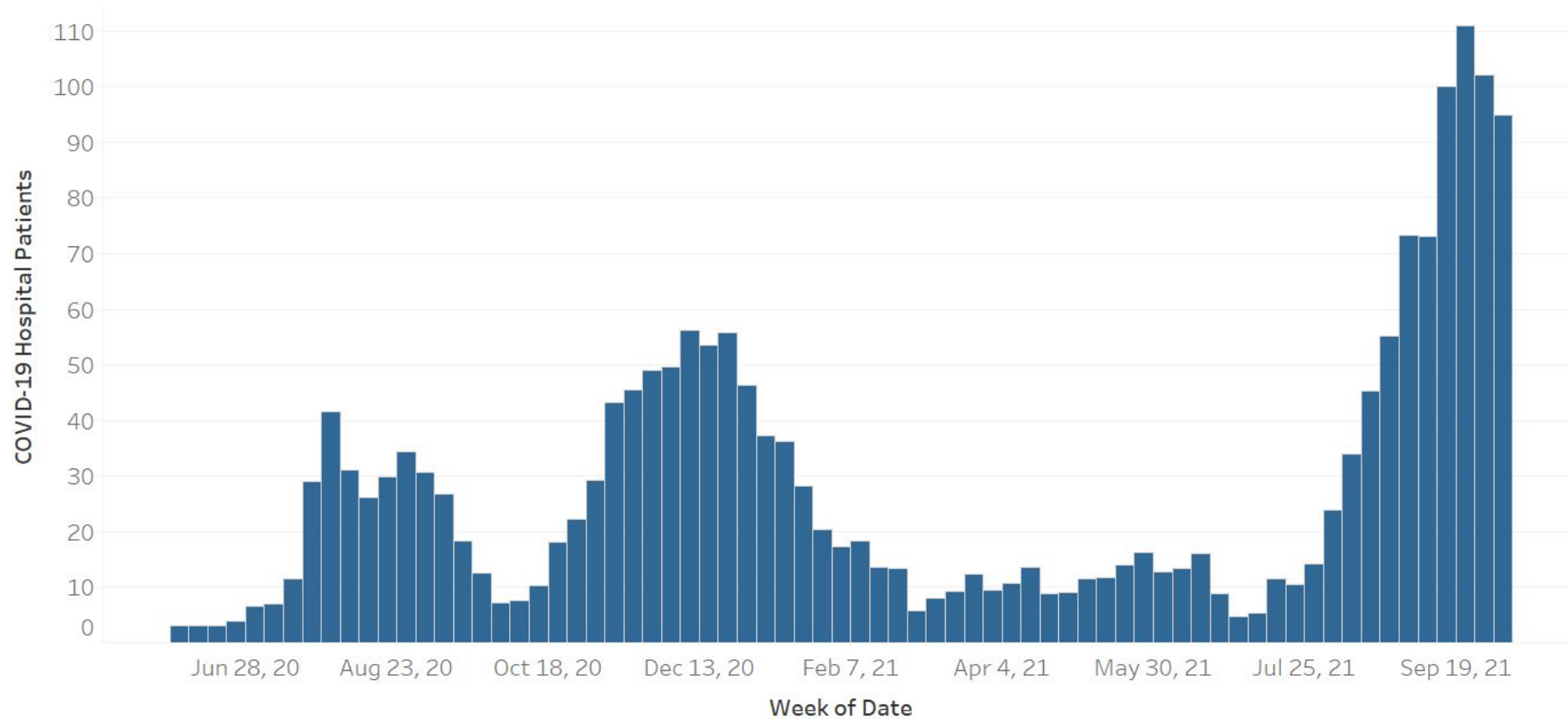
2020



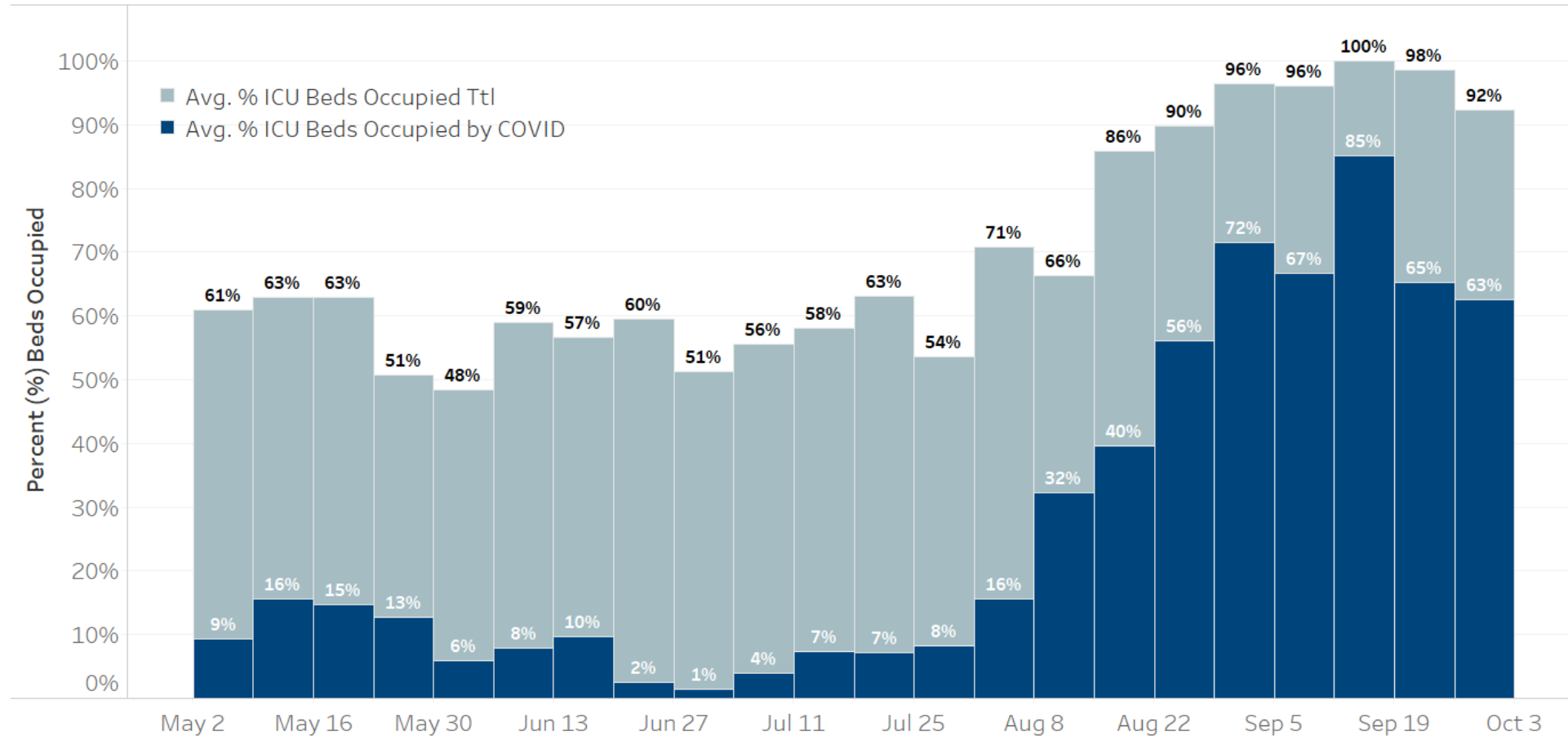
2021 (YTD)



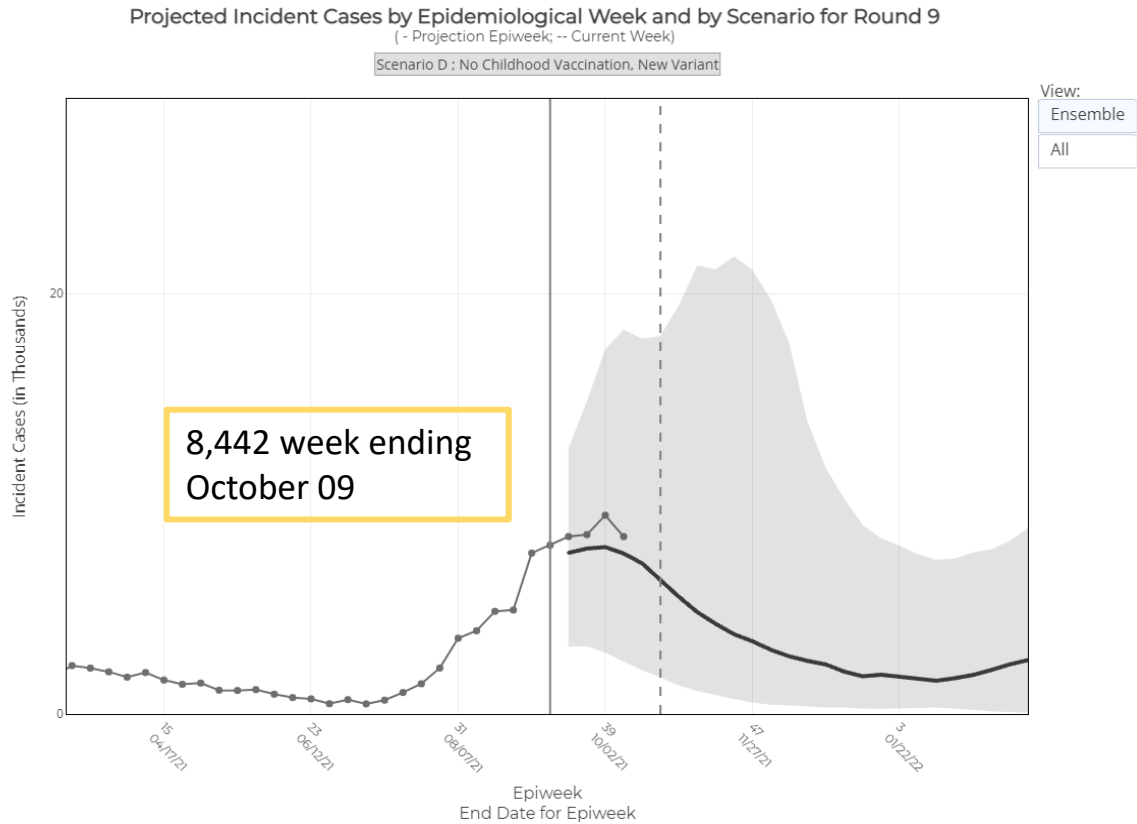
Hospitalizations and Crisis Standards of Care – Weekly COVID-19 Hospitalizations



Hospitalizations and Crisis Standards of Care – ICU Occupancy, June 2021 - present



COVID-19 Projections

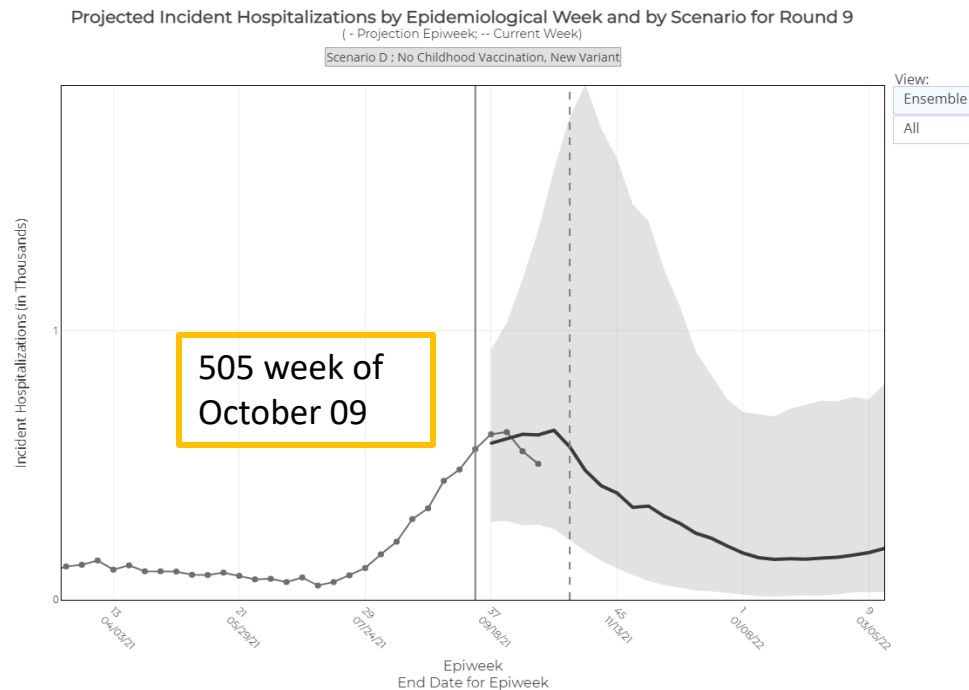


Projected Cases in Idaho

- It has been shown that synergizing results from multiple models gives more reliable projections than any one model alone
- Projection ensemble includes 30+ models
- 4 scenario options based on childhood vaccination rates of the population and transmissibility of the variant
- Incidence of new cases have been trending consistent with the average cumulative probabilities of a given value across submissions (i.e., the solid line indicates the most likely to occur)

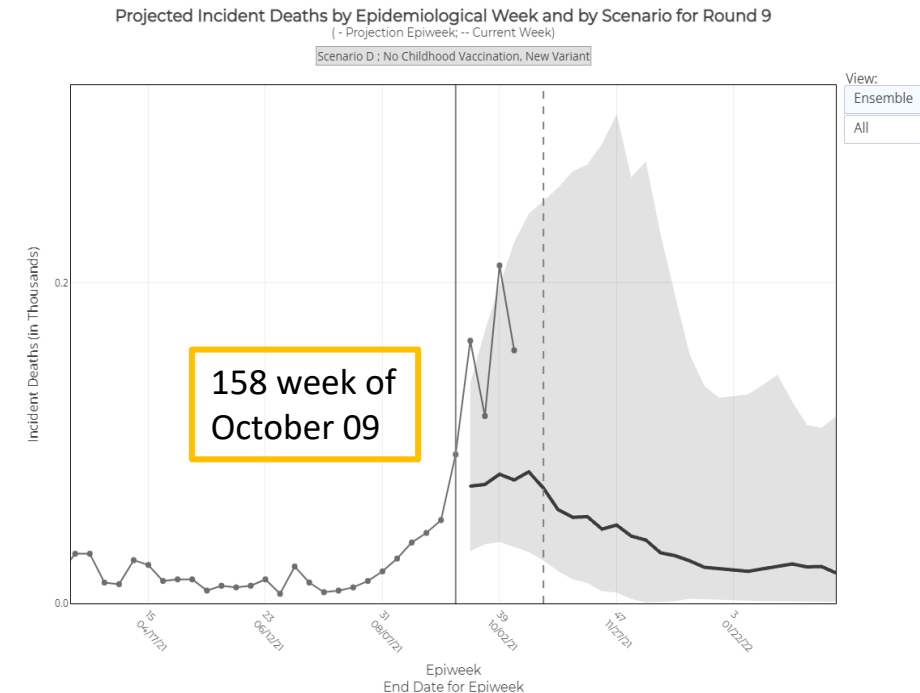
COVID-19 Projections

Idaho Hospitalization Projections



Average cumulative probability (i.e., most likely to occur): 630 hospitalizations week of October 16

Idaho Death Projections

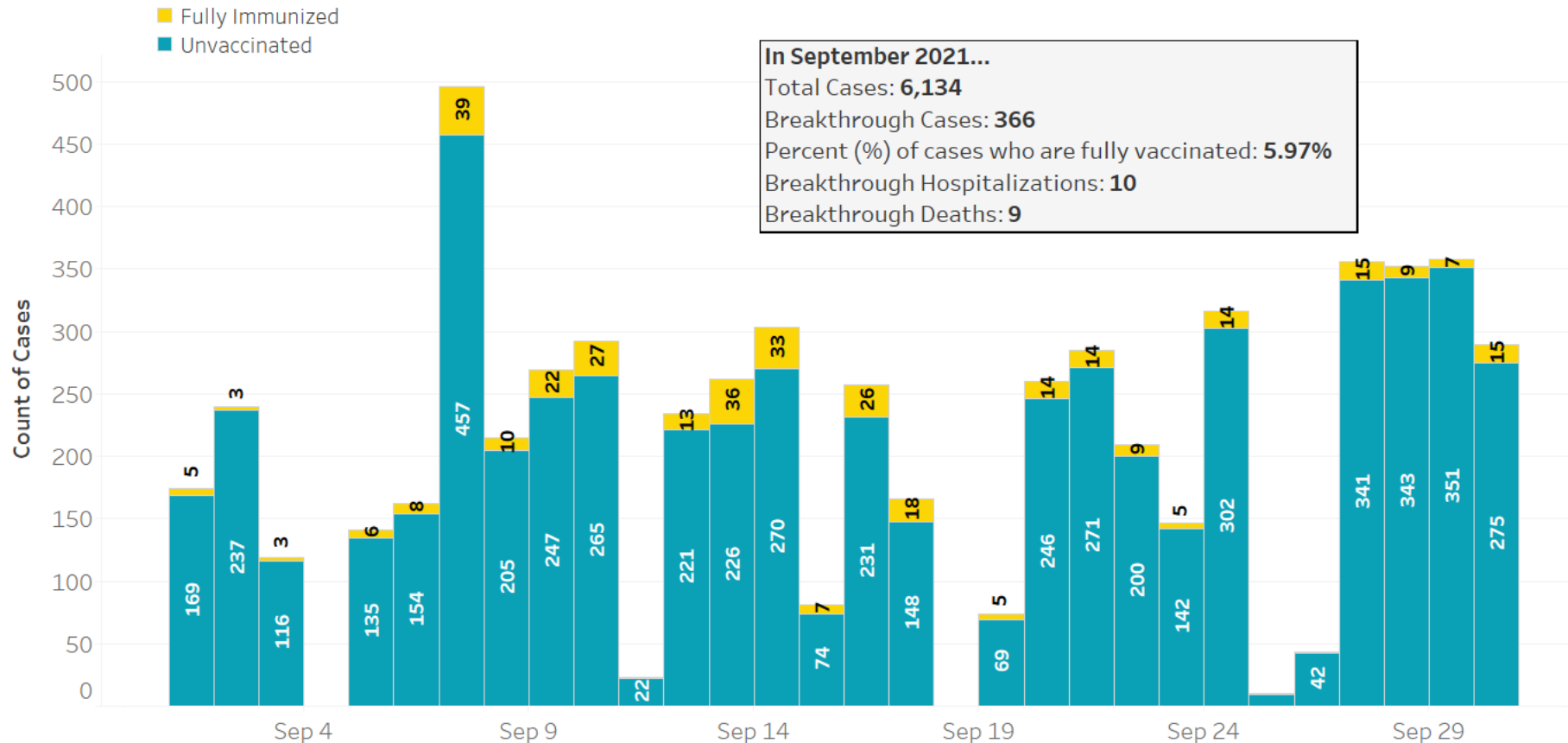


Average cumulative probability (i.e., mostly likely to occur): 82 deaths week of October 16

COVID-19 Vaccinations – Percent (%) Vaccinated by County & Age Group

	Adams	Canyon	Gem	Owyhee	Payette	Washington
12-15	20.2%	29.8%	17.1%	22.3%	11.9%	18.3%
16 - 19	37.4%	40.2%	27.9%	21.2%	21.7%	36.3%
20 - 29	22.0%	44.2%	24.3%	31.4%	21.7%	27.9%
30 - 39	28.5%	46.4%	37.6%	33.9%	29.2%	30.5%
40 - 49	42.8%	55.3%	37.4%	36.7%	25.1%	39.7%
50 - 59	40.0%	61.8%	46.8%	43.5%	41.1%	45.7%
60 - 69	62.1%	79.2%	65.8%	53.5%	53.9%	63.0%
70 - 79	75.9%	83.4%	71.2%	59.2%	76.9%	78.4%
80+	70.3%	92.2%	81.8%	62.0%	79.4%	76.5%

COVID-19 Vaccinations – Breakthrough Infections



Since May 15, 2021...

94% of people who died from COVID-19 were unvaccinated.

95% of people who were hospitalized for COVID-19 were unvaccinated.

In September 2021...

The COVID-19 incidence rate for **fully vaccinated** people was **1.87** daily new cases per 10,000 people, compared with **35.92** daily new cases per 10,000 **unvaccinated people**.



September 27, 2021

Governor Brad Little
Office of the Governor
P.O. Box 83720
Boise, ID 83720

Subject: Idaho's Response to the COVID-19 Pandemic

I am respectfully requesting the State of Idaho consider implementing the National Incident Management System (NIMS) as the framework for responding to the ongoing COVID-19 pandemic. First responders, county emergency managers, public health districts, and hospitals are well-trained in this emergency response framework.

If the State of Idaho were to take the lead by establishing an Area Command to support incident command organizations operating around the state, we could better address increasing demand for limited resources, including hospital supplies and equipment, COVID-19 testing supplies, morgue capacity, EMS/paramedic supplies and equipment, public health infrastructure, and workforce in these respective areas.

Moreover, the lack of clear command, control, and coordination between all responding organizations has contributed to inconsistent, and at times, contradictory messages being communicated to partner organizations and the public.

While I understand the Idaho Emergency Operations Center (IDEOC) is activated, it remains unclear if the Idaho Department of Health and Welfare Operations Center (IDHWOC) and Joint Information Center (JIC) are operational. Command, control, and coordination should be occurring between all organizations across the state involved in the pandemic response despite there being no specific plan for this type of pandemic response in the current Idaho Emergency Operations Plan.

Establishing a clear organizational structure that is inclusive of the incident command organizations operating around the state would improve communication between organizations and overall management of the response. It would also clarify which aspects of the response effort each organization has control over.

I greatly appreciate your consideration of this request.

Best Regards,

Cc: Southwest District Health, Board of Health
Idaho Association of Public Health District Directors
Bobbi-Jo Meuleman, Director of Intergovernmental Affairs, Governor Brad Little
Sara Stover, Senior Policy Advisor, Governor Brad Little
Elke Shaw-Tulloch, Administrator, Division of Public Health, IDHW

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DEPARTMENT OF HEALTH AND WELFARE & OFFICE OF EMERGENCY MANAGEMENT

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

OFFICE OF THE DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

October 7, 2021

Director Nicole Zogg
Southwest District Health
Sent Via Email to: Nikole.Zogg@phd3.idaho.gov

Dear Director Zogg,

Thank you for your letter dated September 27 to Governor Little requesting the state consider implementing the National Incident Management System (NIMS) as the framework for responding to the ongoing COVID-19 pandemic. Your letter further requests the establishment of Area Command and clarification about the status of unified command and the operation of the Joint Information Center.

We have two points for clarification: First, while it is evident that the underlying thread of your request points out the need for better communication and coordination, we would like to request clarification of the problem your district would like to solve in particular given your mention of the NIMS framework and Area Command.

Second, we know you understand that incident responses are coordinated at different levels based on federal, state and local authorities. With this in mind, we would ask that you help us understand how your locally organized coalition and incident management structure would interact with and coordinate with the unified state incident management organization.

Given the constantly evolving nature and longevity of the pandemic, it is important that we fully understand what is being asked of the state to ensure that the correct solution can be applied to the right problem.

We look forward to your response.

Sincerely,

DAVE JEPPESEN
Director
Idaho Department of Health & Welfare

BRAD RICHY
Director
Idaho Office of Emergency Management

cc: Sara Stover, Office of the Governor



October 15, 2021

Director Dave Jeppesen, Idaho Department of Health and Welfare

Director Brad Richy, Idaho Office of Emergency Management

Sent Via Email to: Dave.Jeppesen@dhw.idaho.gov and BRichy@imd.idaho.gov

Dear Directors Jeppesen and Richy,

Thank you for your prompt response to the September 27 letter I sent to Governor Little. We appreciate your thoughtful response and interest in learning more about our experiences at the local level as well as suggestions on how we might all work together more effectively.

Regarding your request for clarification: First, poor communication and coordination are symptoms of a larger problem, which we believe stems from the lack of a cohesive and structured response effort as outlined in local and state emergency operations plans. The National Incident Management System (NIMS) is built on the understanding that responses to emergencies and disasters start at the local level and extend upward to the state and federal government as resources become exhausted. In the case of the COVID-19 pandemic response, implementing NIMS would significantly decrease the communication and coordination challenges faced at the local level by establishing a clear structure for transferring information between the State of Idaho and local organizations and creating a mechanism for accountability. Below are a few examples that highlight our concern and frustration.

1. Idaho's public health districts have not been identified as the lead agency in any response plans. Centralizing the response regionally makes sense in a pandemic; however, a Unified Command (UC) would have been better suited and more effective at handling the broader objective setting, planning, and logistical needs for this response. Public health districts have a narrow scope and essential skill set during disease outbreaks but are not equipped to manage incidents that go outside their scope of expertise.
2. When the COVID-19 Vaccine Advisory Committee (CVAC) met and made decisions about vaccine priority groups, members of the media knew of the decisions before local public health districts and county emergency managers. The disconnect in the flow of information jeopardized our abilities to be responsive and maintain credibility leaving us uninformed and unprepared to respond to the immediate media and public inquiries that followed.
3. When crisis standards of care were instituted, the role of local EMS was not well defined. Several attempts were made by EMS agencies across the state to connect with the right person(s) to get the information needed. Those efforts to connect were unsuccessful.

Second, Southwest District Health is proposing a transition from the current statewide response structure to a streamlined response effort that uses the NIMS structure, starting at the local level. Because of the nature of this event, we recommend using a regional UC at the local level that works in concert with a statewide Area Command. We also propose standing up a Joint Information System. We recognize it can be difficult to adjust a command structure amid an emergency response; however, we also believe that we should take the lessons learned and implement them as we move through the event. At both the

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regional and state-level, there is a need for a centralized command structure where strategic objectives, planning, and logistics are developed and managed.

In collaboration with our county emergency managers, we have drafted ideas on how this proposed NIMS structure starting at the local level might look and function (see attached document). We hope this provides a greater understanding of our need and request. We welcome alternative ideas that may better our response efforts to the COVID-19 pandemic across southwest Idaho and the entire state. We look forward to your response.

Best Regards,

Nikole Zogg
Director

Cc:
Southwest District Health, Board of Health
Idaho Association of Public Health District Directors
Sara Stover, Senior Policy Advisor, Governor Brad Little

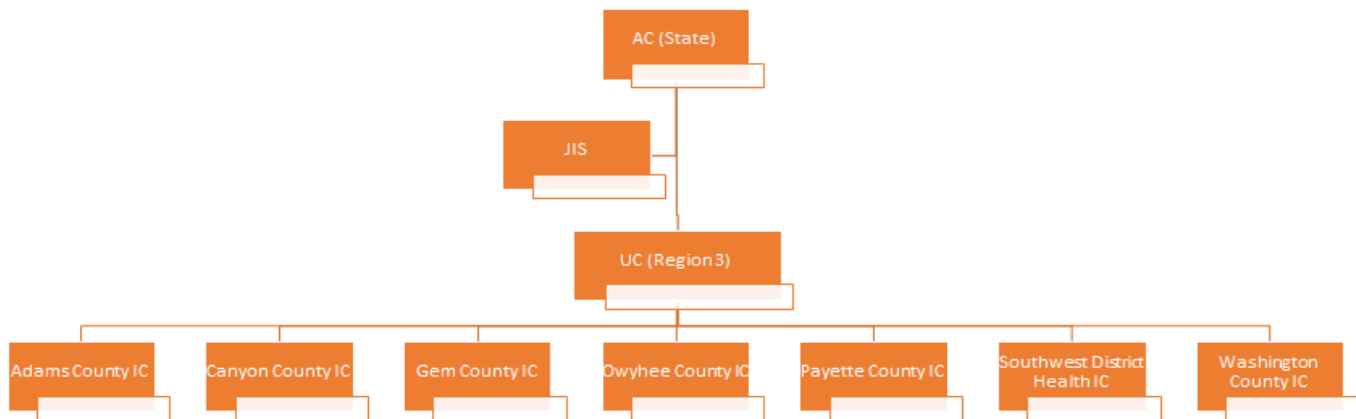
Attachment

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Attachment



Command	Command Organization	Scope/Role
UC	<ul style="list-style-type: none"> Planning Logistics Operations 	<ul style="list-style-type: none"> Operates under the delegation of authority from the County Commissioners and SWDH's Board of Health Develops joint incident action plans Develops joint situation reports and elevates up the chain Facilitates logistics support and resource tracking Makes resource allocation decisions based on priorities Coordinates incident-related information Coordinates interagency and intergovernmental issues
JIS		<ul style="list-style-type: none"> Develops and delivers coordinated interagency messages Develops, recommends, and executes public information plans and strategies Advises on public affairs Addresses and manages rumors and inaccurate information
AC	<ul style="list-style-type: none"> Planning Logistics 	<ul style="list-style-type: none"> Sets overall strategy and priorities Allocates critical resources Ensures bidirectional communication

Acronyms:

AC – Area Command, IC – Incident Command, JIS – Joint Information System

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SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis

Sep-21

Target **25.0%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 57,735	\$ (8,241)
Millennium Fund	\$ -	\$ 114,519	\$ 114,519
LGIP Operating	\$ 3,187,262	\$ 3,648,953	\$ 461,690
LGIP Vehicle Replacement	\$ 99,692	\$ 99,727	\$ 34
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
Total	\$ 4,652,106	\$ 5,220,108	\$ 568,002

Income Statement Information			
	YTD	This month	
Net Revenue:	\$ 2,789,135	\$ 1,149,613	
Expenditures:	\$ (2,389,395)	\$ (721,099)	
Net Income:	\$ 399,740	\$ 428,514	

Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ -	\$ 116,824	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,824	\$ 350,473	\$ 1,873,492	19%
Fees	\$ -	\$ -	\$ 28,449	\$ 89,768	\$ -	\$ 450	\$ -	\$ 118,667	\$ 483,868	\$ 1,874,852	26%
Contracts	\$ -	\$ -	\$ 305,069	\$ 544,527	\$ -	\$ -	\$ 63,334	\$ 912,929	\$ 1,950,801	\$ 6,407,764	30%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 557	\$ 1,725	\$ 50,000	3%
Other	\$ -	\$ -	\$ -	\$ -	\$ 635	\$ -	\$ -	\$ 635	\$ 2,269	\$ 283,000	1%
Monthly Revenue	\$ -	\$ 117,382	\$ 333,518	\$ 634,295	\$ 635	\$ 450	\$ 63,334	\$ 1,149,613	\$ 2,789,135	\$ 11,514,408	24.2%
Year-to-Date Revenue	\$ -	\$ 525,930	\$ 758,159	\$ 1,376,341	\$ 1,207	\$ 830	\$ 126,668	\$ 2,789,135	DIRECT BUDGET		
Budget	\$ -	\$ 379,246	\$ 4,071,532	\$ 4,222,436	\$ 1,295,764	\$ 462,141	\$ 1,083,289	\$ 11,514,408	DIRECT BUDGET		
			18.6%	32.6%	0.1%	0.2%	11.7%	24.2%			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ -	\$ 17,800	\$ 209,319	\$ 260,686	\$ 71,086	\$ 9,637	\$ 4,152	\$ 572,680	\$ 1,770,786	\$ 8,365,691	21%
Operating	\$ 207	\$ 1,949	\$ 35,520	\$ 58,757	\$ 10,617	\$ 28,101	\$ 13,268	\$ 148,420	\$ 618,609	\$ 2,826,817	22%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 197,400	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,500	0%
Monthly Expenditures	\$ 207	\$ 19,748	\$ 244,839	\$ 319,444	\$ 81,703	\$ 37,738	\$ 17,420	\$ 721,099	\$ 2,389,395	\$ 11,514,408	20.8%
Year-to-Date Expenditures	\$ 3,169	\$ 66,995	\$ 844,938	\$ 958,596	\$ 269,937	\$ 104,099	\$ 141,661	\$ 2,389,395	DIRECT BUDGET		
Budget	\$ 19,739	\$ 359,507	\$ 4,071,532	\$ 4,237,848	\$ 1,295,764	\$ 462,141	\$ 1,067,877	\$ 11,514,408	DIRECT BUDGET		
	16.1%	18.6%	20.8%	22.6%	20.8%	22.5%	13.3%	20.8%			



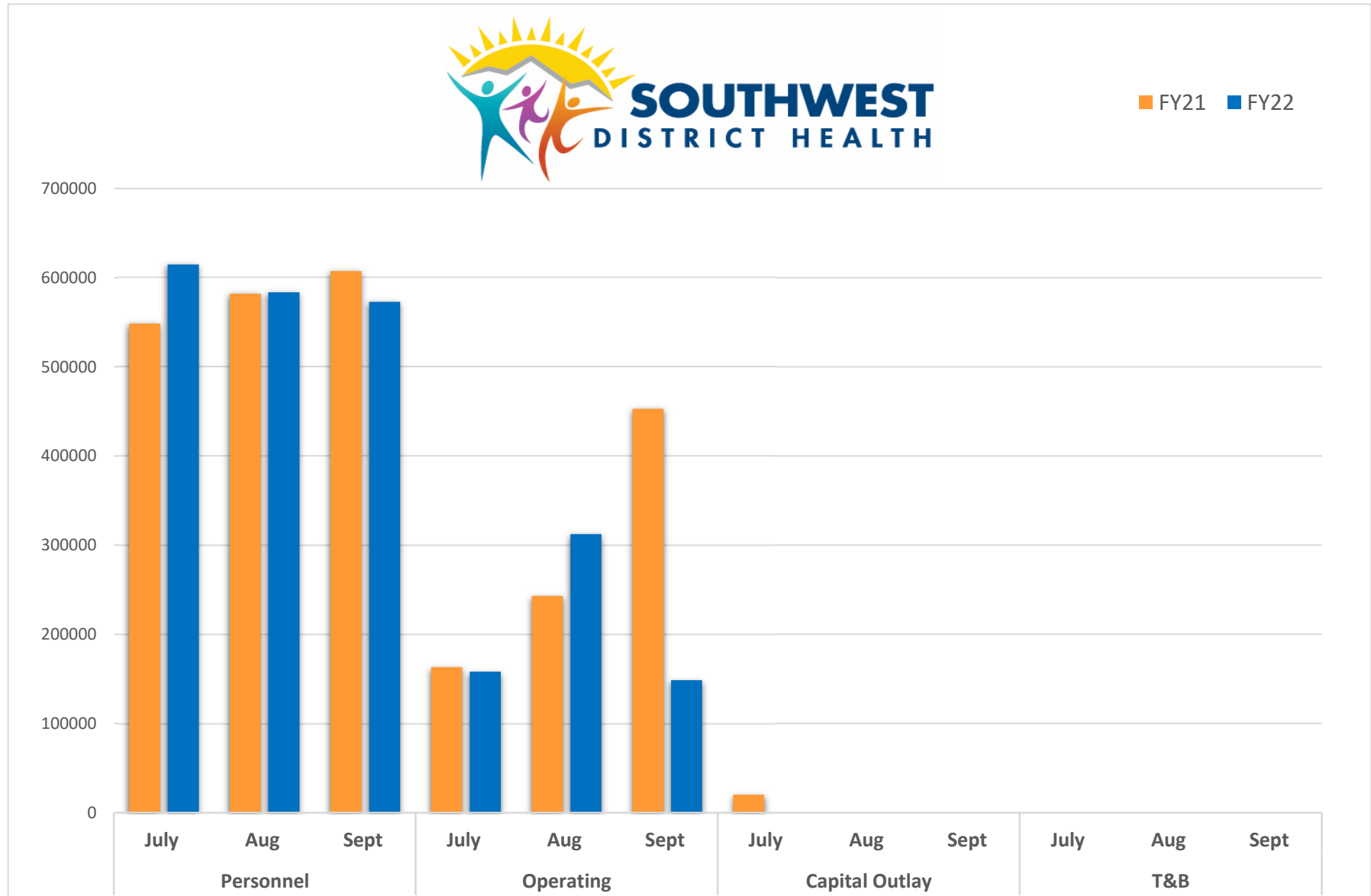
YTD REVENUES with Prior Year Comparison

Sep-21



YTD EXPENDITURES with Prior Year Comparison

Sep-21

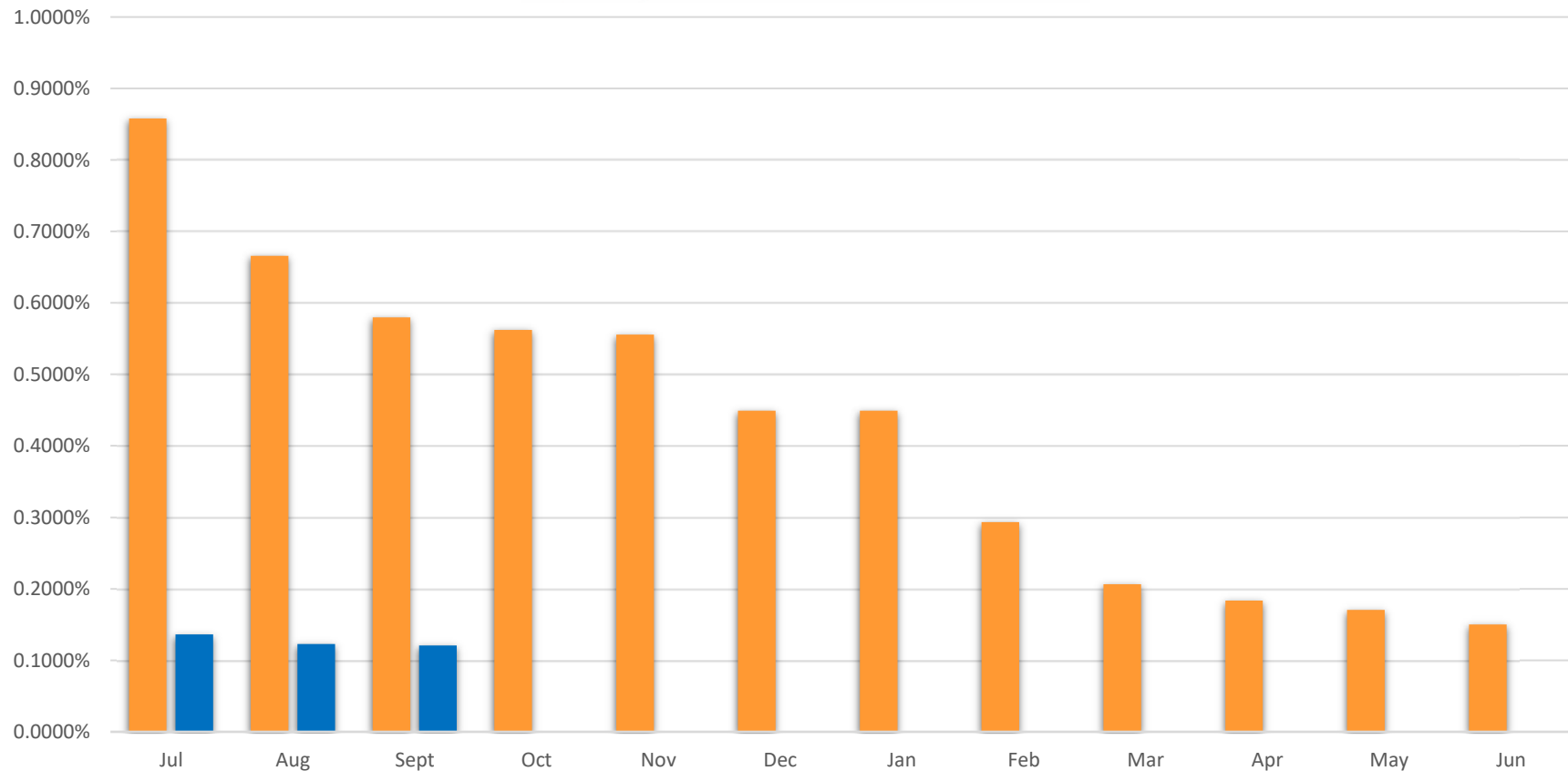


YTD Investment Yield with Prior Year Comparison

Sep-21



FY21 FY22





Southwest District Health
Summary of Restricted and Committed Funds - FY 2022

Restricted Funds - Third party restricted by contract, grant, or donation terms

Committed Funds - Committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Behavioral Health Board	\$5,681	
Parents as Teachers	\$26,856	
Citizen's Review Panel	\$31,262	
Kresge Grant (PH1)	\$18,607	
COVID Incentive grant*	\$151,650	
Crisis Center (CFAC)	\$28,571	
Personnel Updates		\$0
Weiser Project		\$1,000
Clinic Medical Supplies/Equipment		\$2,550
27th Pay Period		\$51,500
EH Employee Training		\$5,000
EH A/V Equipment		\$10,000
EH Vehicle		\$33,790
EH Security		\$7,500
	\$262,627	\$111,340

**Not program funds and must be spent by Mar 1, 2022*

Western Idaho Community Health Collaborative

Alexis Pickering, MHS
Health Strategist
Central & Southwest District Health



Background

- Stakeholders recognized value in combining and leveraging resources to achieve greater and sustainable impacts on community health and save in healthcare costs
- Realization of the regional and intersectional health issues that need to be addressed upstream
- Need to test and scale successful projects/initiatives

Background

- Multi-sector, public-private partnership
- Backbone organizations:
 - Central and Southwest District Health
- 23 diverse members representing public health, healthcare, social services
- Addressing the social influencers (determinants) of health

WICHC Population & Goals



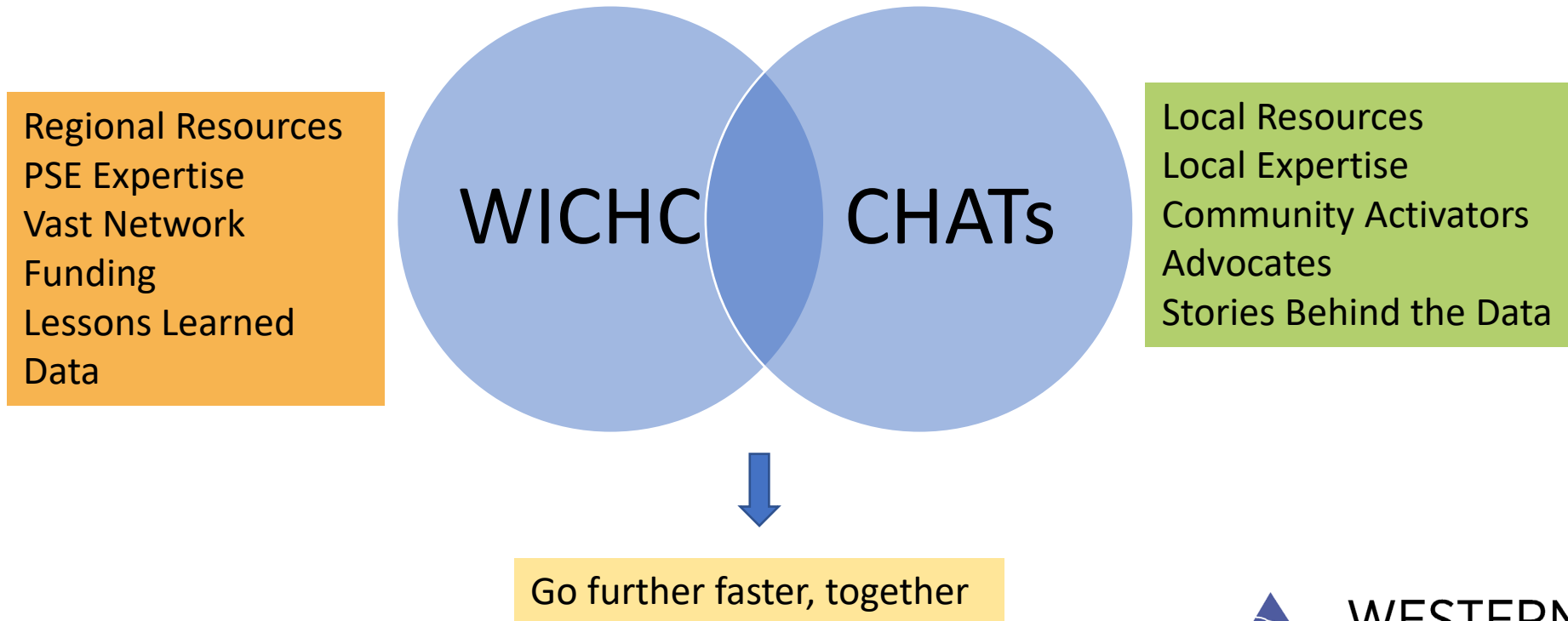
- WICHC “aims to transform the health of our communities by collaborating, prioritizing, and collectively supporting the community health needs and healthcare transformation efforts that will have the greatest impact on improving health outcomes and lowering costs of healthcare”
- 10 counties served by Central and Southwest District Health
- 45% of Idaho population

Funding Council



What does partnership look like?

Shared vision of working collaboratively
upstream to improve and support the
health of the region



WICHHC Regional Projects

Collaborative Community Health Need Assessment (CHNA)

- First 10-county CHNA with competing health systems
- Complete in 2023
- SWDH will play an important role

Data Dashboard

- CHNA data will be uploaded and connected with other data sources that communities can use
- Currently choosing contractors

WICHC Community Projects

Connected Canyon County

- Barriers to transportation and test local solutions.
- Partnership with VRT, Boise State, City of Caldwell, and RAND

Gem County C.H.A.T.

- Focus on Youth BH, Food Security and Walkability

Elmore County – Get Healthy Idaho

- Implementing 3-year action plan:
 - Enhancing CHW supports
 - CHEMS Pilot
 - Protecting Open Space & Trails
 - Creating a County-wide Transportation Team

Housing Collaboration

- Provided recommendations to support resident health at workforce housing development in Mountain Home.

Looking Ahead

- 2023 CHNA & Implementation Plan
- Collaborating on how to leverage funding opportunities to make the greatest impact
- Sharing and learning from current partnerships to grow them in 2022

Thank you!

- Visit www.wichc.org
- Email: apickering@cdh.idaho.gov



Quarterly Media Report

Ashley Anderson
Public Information Officer

HEALTHIER TOGETHER

SWDH.ORG

Introduction



- Intended goals: Increase the public situational awareness of public health topics relevant to Southwest Idaho. Provide education utilizing evidence-based methods, practices, and resources to inform the public in the counties that Southwest District Health serves. Increase public awareness of Southwest District Health services, programs, and general good health promotion.
- Overall strategy: Identify public health trends, develop content, share content, and utilize existing resources for sharing timely and relevant information externally.
- Summary of tactics: Repurpose Our Best Content, Social Media Audit, Utilization SWDH Branding Guide.
- Success metrics: Increased post reach, increased impressions, increased followers, increased engagement with followers.

Data Snapshot

July 1-September 30, 2021

Facebook

6.5K

People Reached
▼ 44.3% from previous 92 days

19

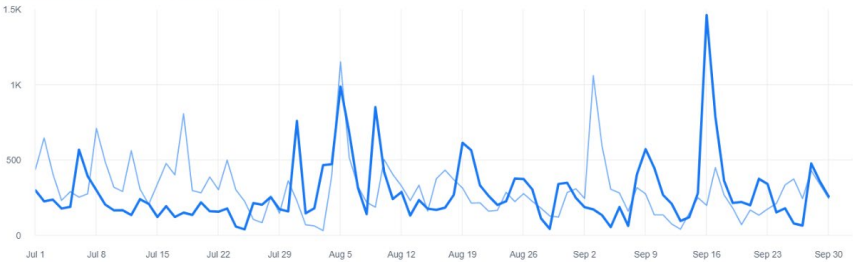
Net Followers
▼ 26.9% from previous 92 days

2.5K

Engagement
▼ 12.7% from previous 92 days

People Reached

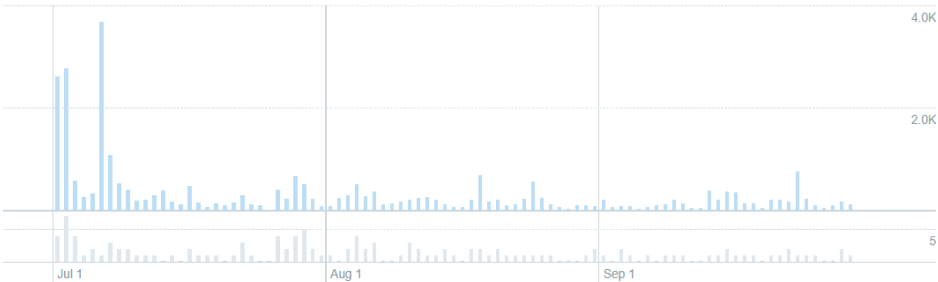
Jul 1, 2021 - Sep 30, 2021
6,503 People Reached 11,672 Previous Period



Twitter



Your Tweets earned 29.1K impressions over this 91 day period



YOUR TWEETS
During this 91 day period, you earned 320 impressions per day.

Web Overview

30 days in review
September 18-October 17, 2021

Sessions

10,696

↓ -18%
vs. Previous 30 Days

Pageviews

18,338

↓ -20%
vs. Previous 30 Days

Avg. Session Duration

1m 31s

↓ -4%
vs. Previous 30 Days

Bounce Rate

62.33%

↑ 5%
vs. Previous 30 Days

SWDH in the Press

Examples of Southwest District Health covering relevant public health topics in the news this quarter:

- Rabies
- COVID-19 Investigations Reporting Tool Launch
- Harmful Algal Bloom(s)
- Involvement in Local COVID-19 Taskforce
- West Nile Virus
- Syphilis

<https://www.boisestatepublicradio.org/news/2021-10-11/health-departments-offer-self-reporting-tools-for-covid-19-infection-to-help-contact-tracing>

<https://www.ktvb.com/article/news/health/canyon-county-rabid-bats-found/277-c399f826-54f9-4f72-86ce-de591bd08e76>

https://www.argusobserver.com/independent/news/officials-lift-cyanobacteria-public-health-advisory-for-hells-canyon-reservoir-and-brownlee-reservoir/article_39800be0-2911-11ec-a1c3-6b69c9a5c2f3.html

<https://www.kivitv.com/news/more-than-a-year-after-its-creation-local-task-force-continues-to-connect-covid-19-info-resources-to-hispanic-community>

https://www.idahopress.com/news/local/syphilis-cases-rising-in-canyon-county-greater-southwest-district-health-region/article_2522bcb4-4813-59d7-a604-e8dd8ae4908d.html

<https://www.ktvb.com/article/news/local/canyon-county-resident-tests-positive-for-west-nile-virus/277-74f2a4dc-24ff-42c3-8149-ecf55cbceb0c>

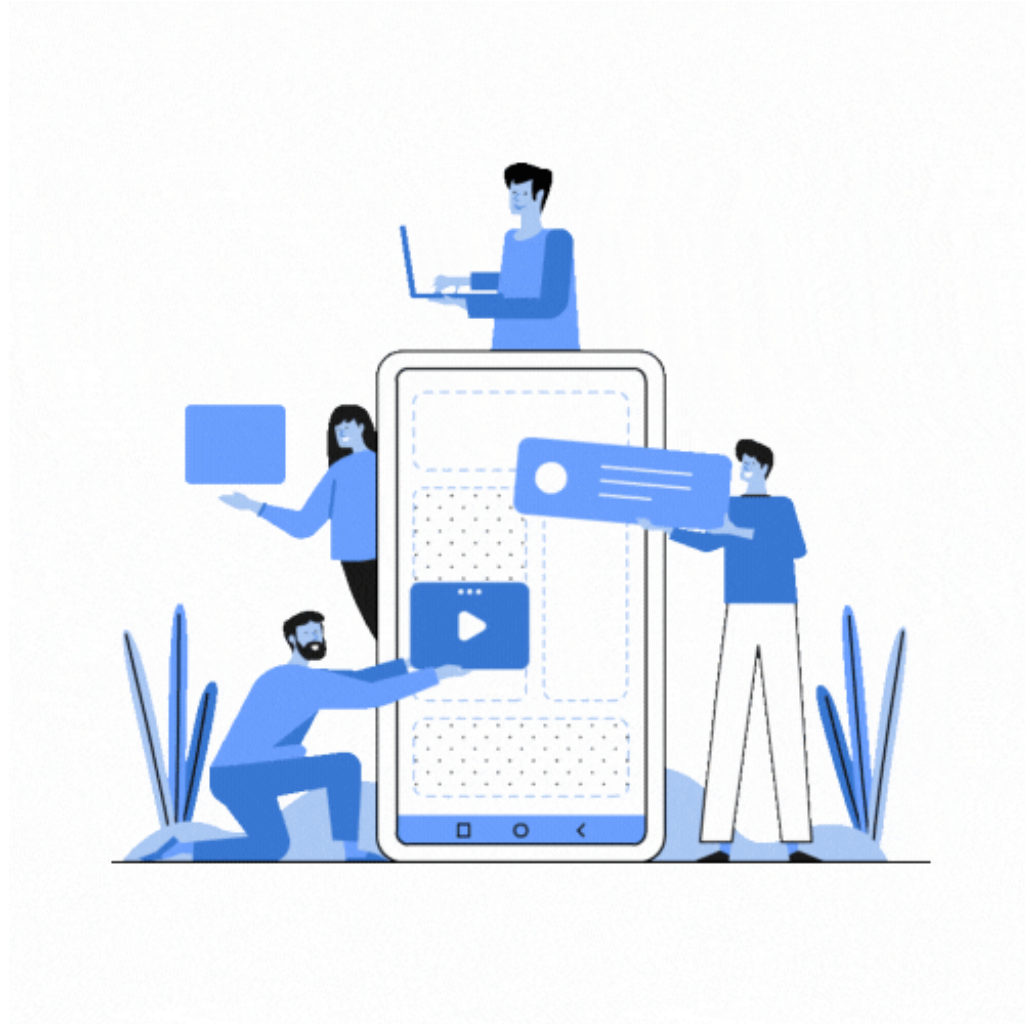
Takeaways



- *What happened?* There was a slight decrease in public engagement with SWDH across social media platforms.
- *Why did it happen?* Since COVID-19 vaccines have become more readily available and COVID-19-related awareness posts are widely covered by local, regional, and state-wide partners may be a contributing factor. This led to less engagement on COVID-19 and COVID-19 vaccine content and other public health topics and messaging continues to be posted.
- *How do we know why it happened?* Social media and web analytics has informed the ‘why’ and the decrease in traffic. Overall, interest in public health messaging has returned to the usual pace/public interest as the District returns to usual messaging.
- *What did we learn from it?* The SWDH website and social media accounts would benefit from continued planning and monitoring while exploring alternative media and messaging to engage audiences in public health topics.

Connect with us

- SWDH.org
- Facebook.com/southwestdistricthealth
- Twitter.com/swdhidaho
- Instagram.com/swdhidaho
- Youtube.com/southwestdistricthealth



Overall Learnings



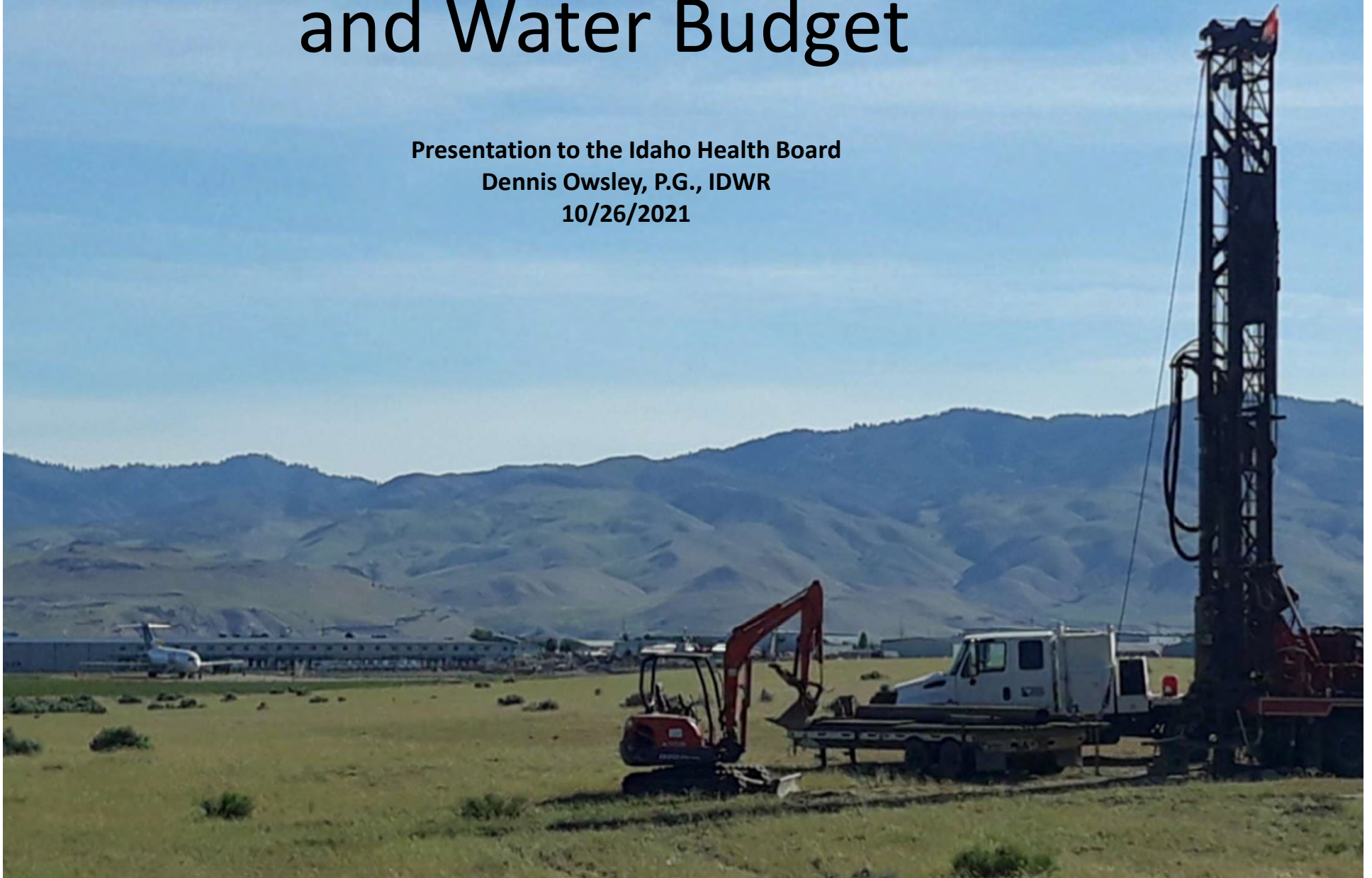
1. Educating the public about COVID-19 as well as other relevant public health topics, Southwest District Health as an organization, District 3 activities, and general health topics should continue to be a priority for the PIO team. Social media messaging utilizing a mixture of static media, videos, and live streams are integral in informing the public about the organization and public health topics relevant to the communities SWDH serve.
2. Expanding messaging and social media presence on Twitter and more traditional media identified as a priority to continue to spread messaging to a larger audience.

Action Item

We will focus on Facebook, YouTube, swdh.org, Twitter, and Instagram platforms to drive brand awareness. We will focus on more traditional media to share programs, relevant public health topics, and services SWDH offers.

Treasure Valley Aquifer System and Water Budget

Presentation to the Idaho Health Board
Dennis Owsley, P.G., IDWR
10/26/2021



Overview



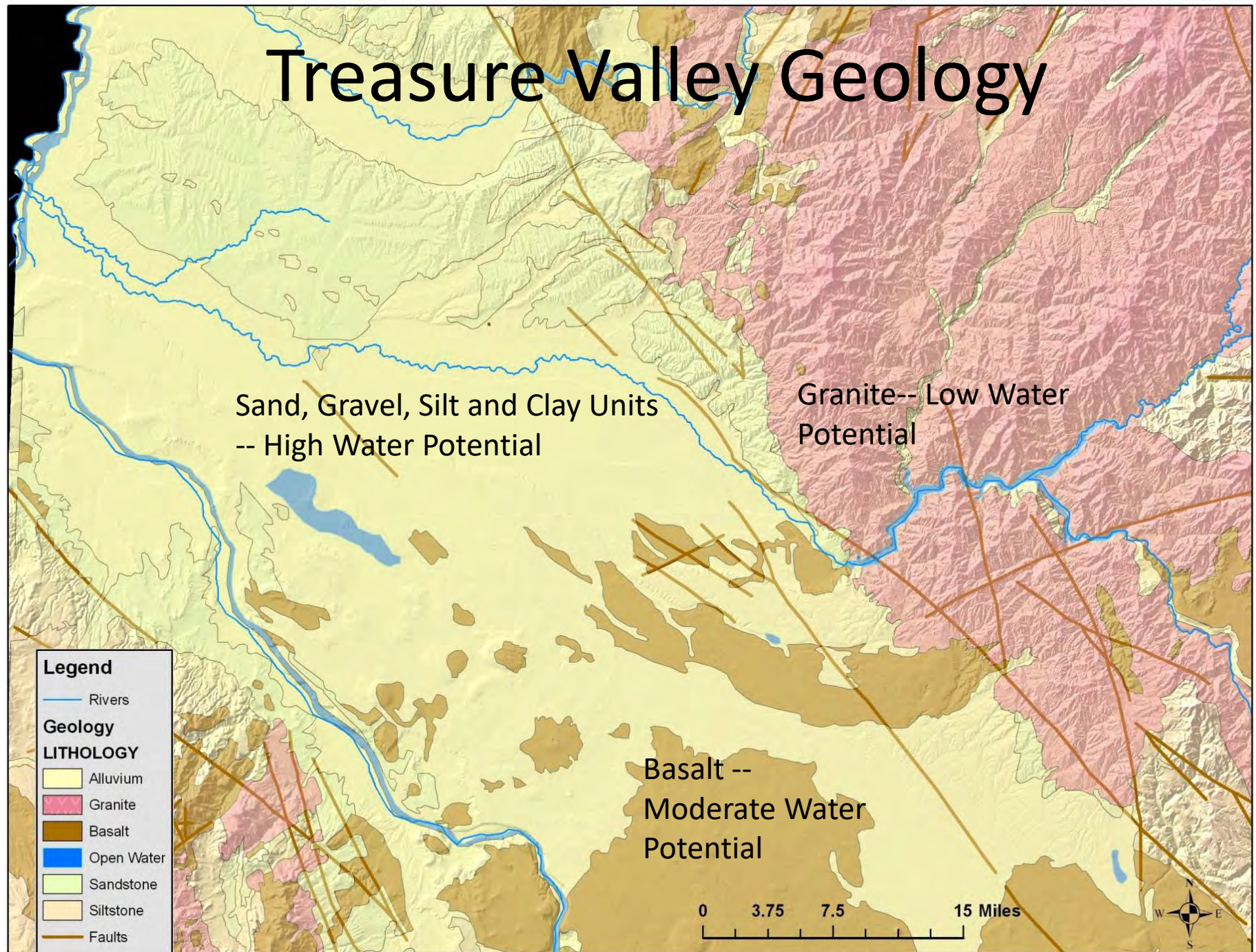
- Treasure Valley Aquifer
 - Geologic framework
 - Hydrogeologic Conditions
- Ground water budget
 - Recharge sources
 - Discharge sources
- Management Areas and Areas of Concern

Importance of Ground Water in the Treasure Valley



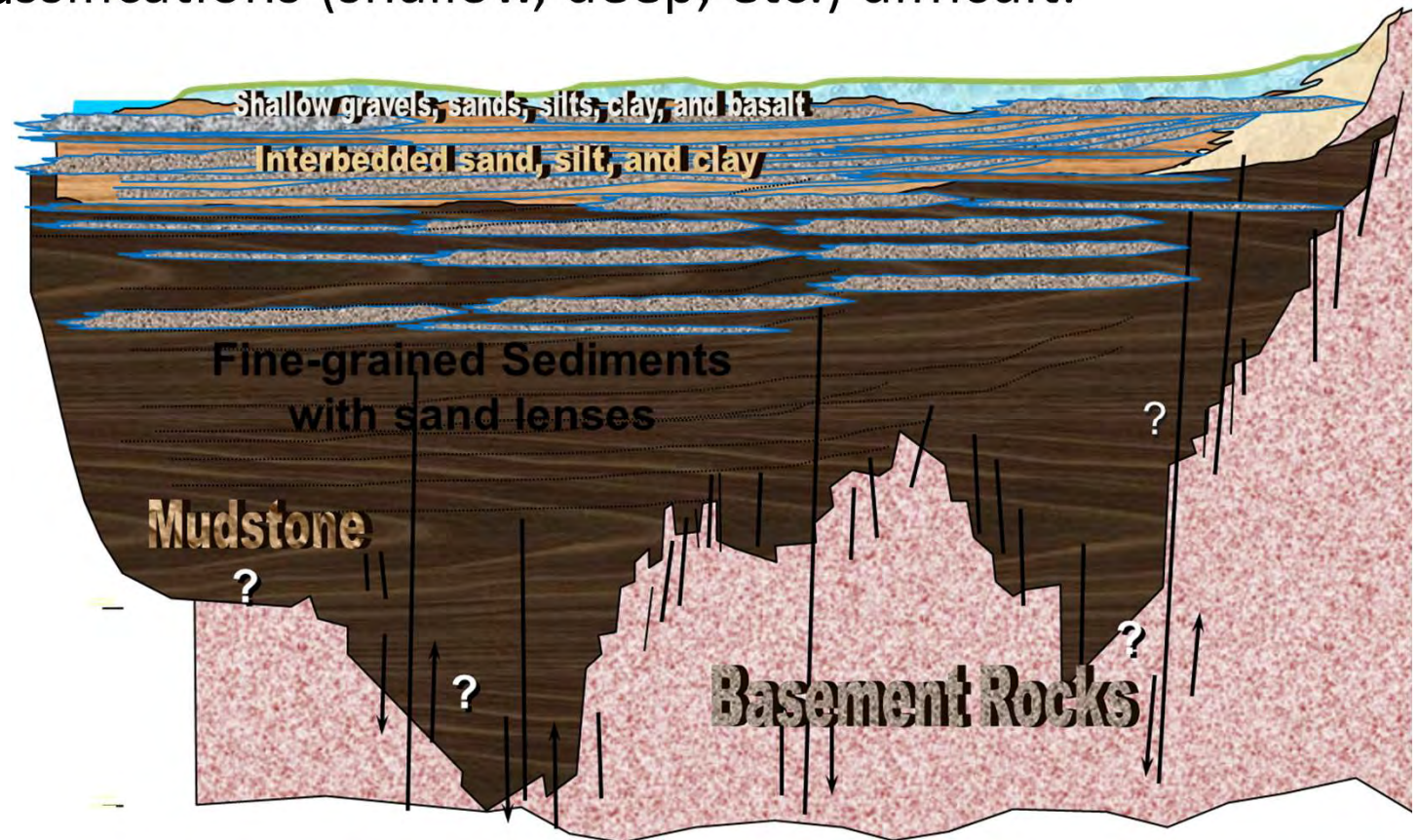
- Over 95% of the Valley's drinking water supply comes from ground water (Suez operates two Boise River surface water plants).
- Approximately 100,000 AF of ground water pumping for irrigation supply.
- Tens of thousands of well records.
- Historic/ongoing studies

Treasure Valley Geology

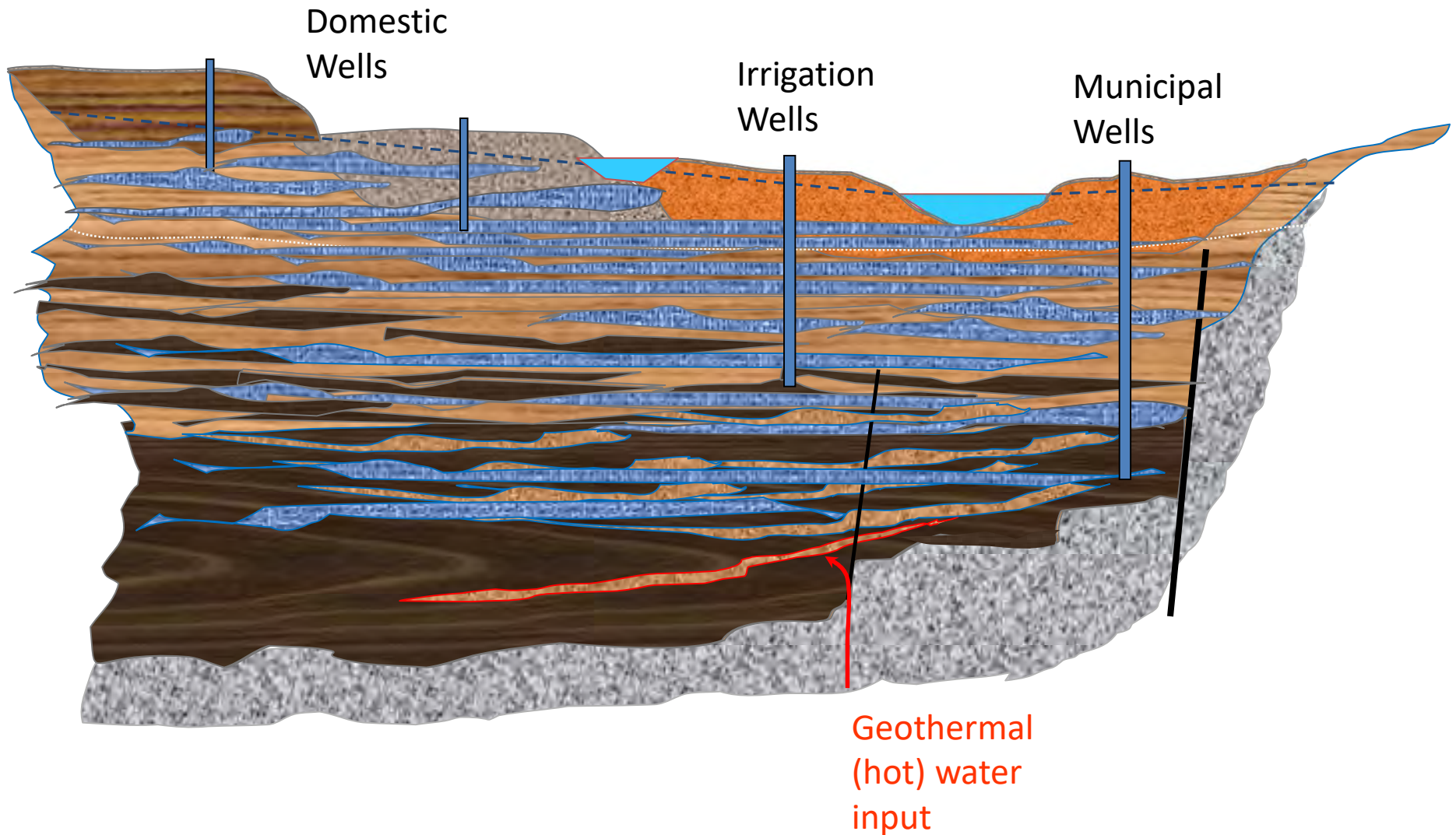


Ground Water Occurrence

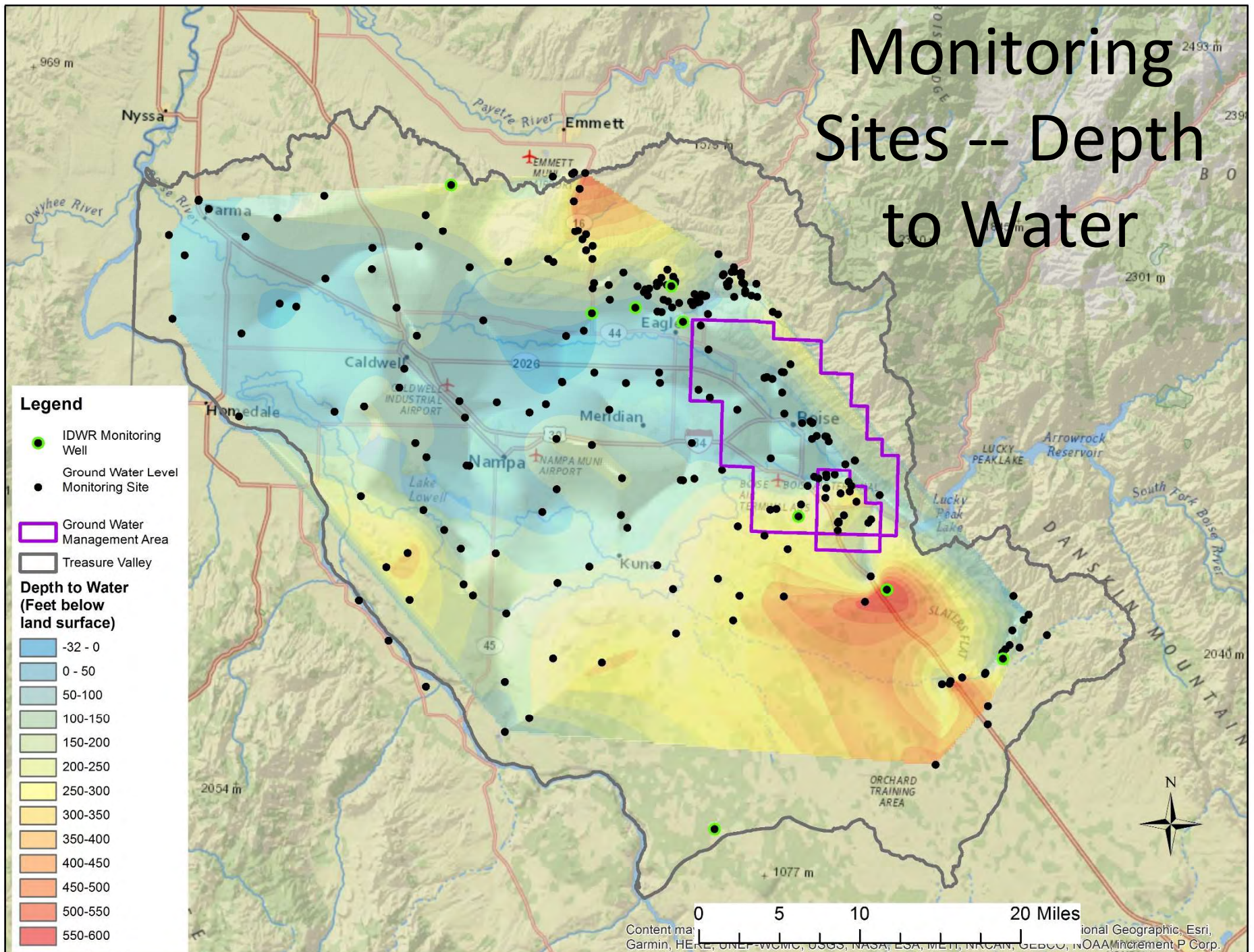
- Ground water exists throughout the valley at various depths.
- Very complex hydrogeology – makes general, broad classifications (shallow, deep, etc.) difficult.



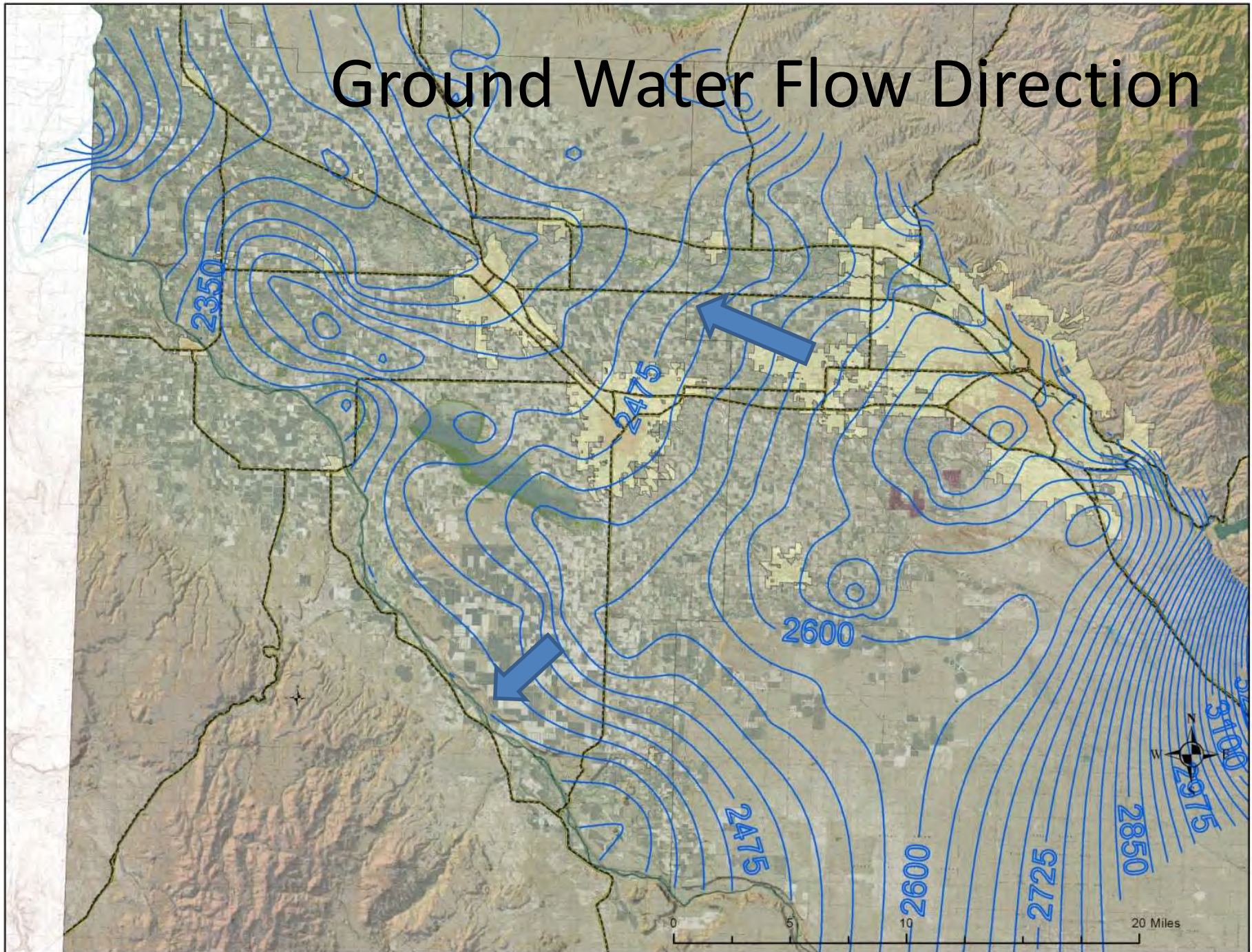
Treasure Valley Aquifers



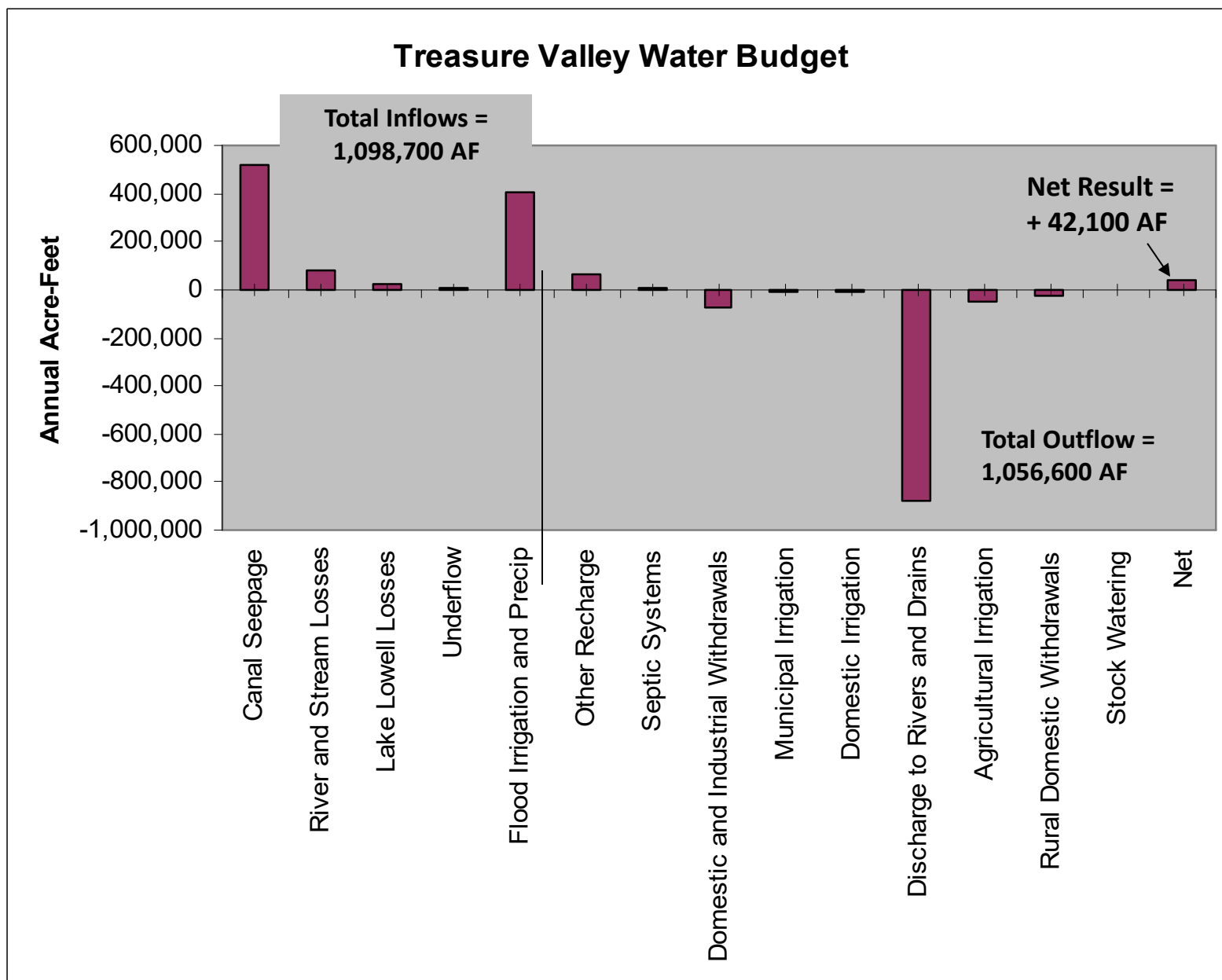
Monitoring Sites -- Depth to Water



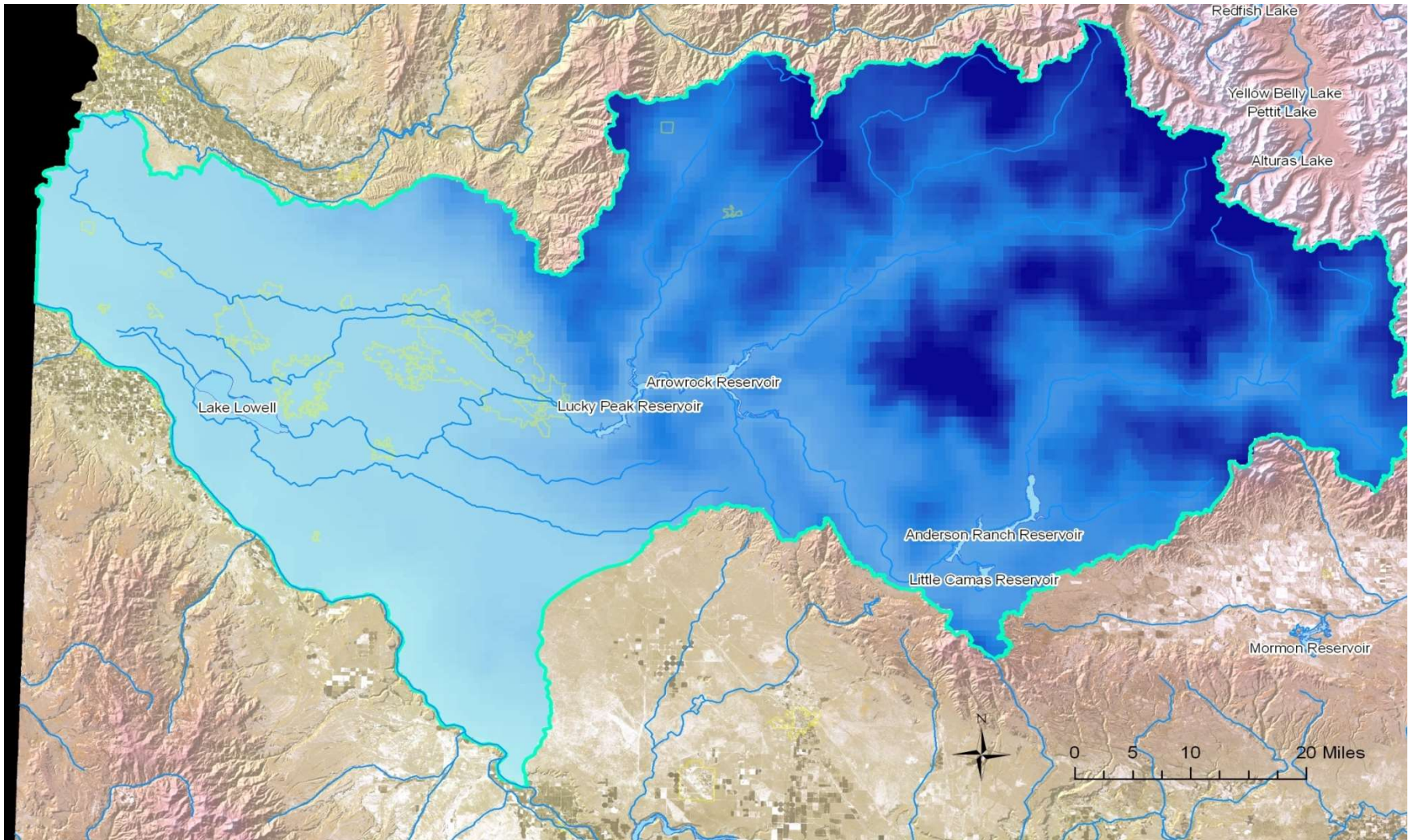
Ground Water Flow Direction



Ground Water Budget

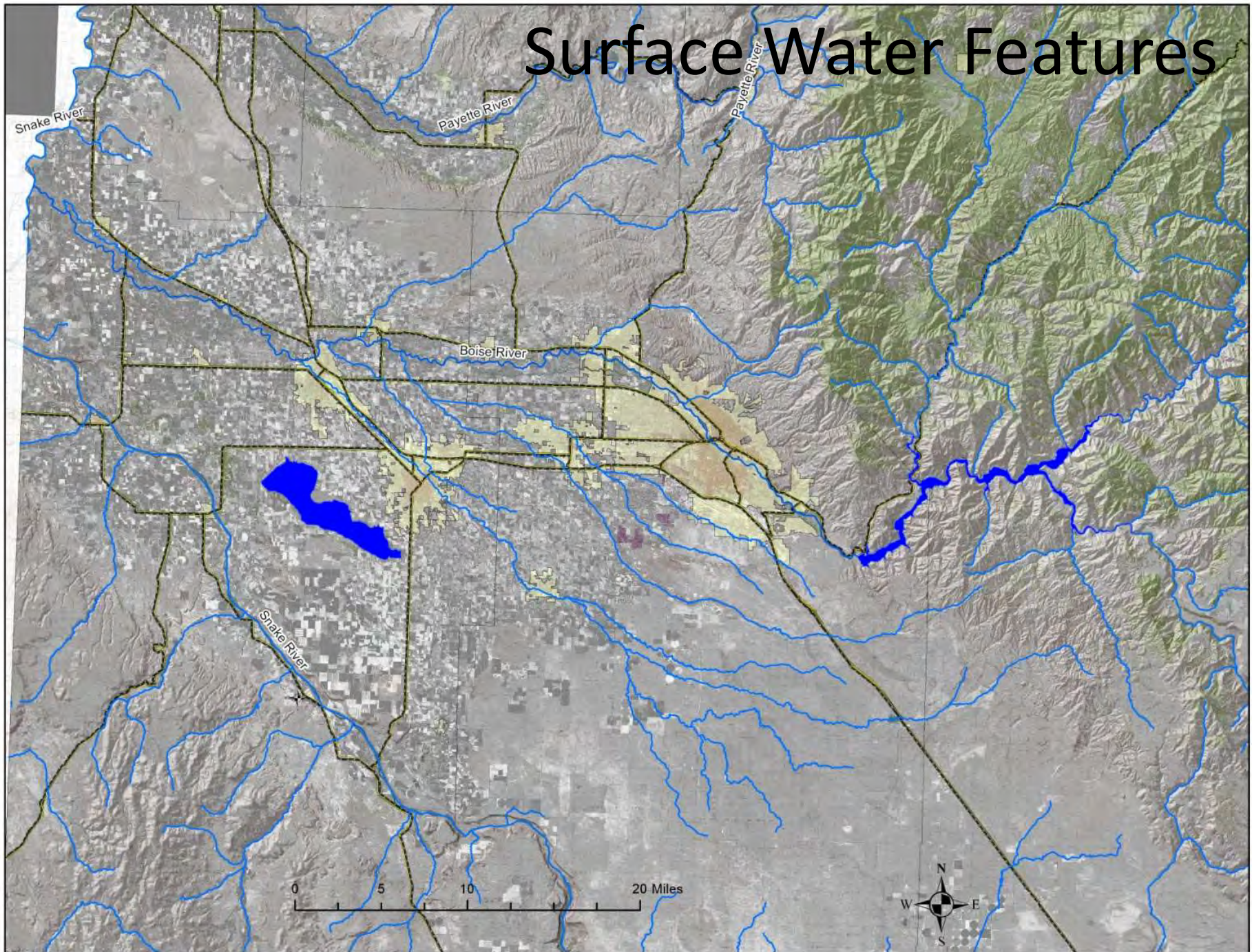


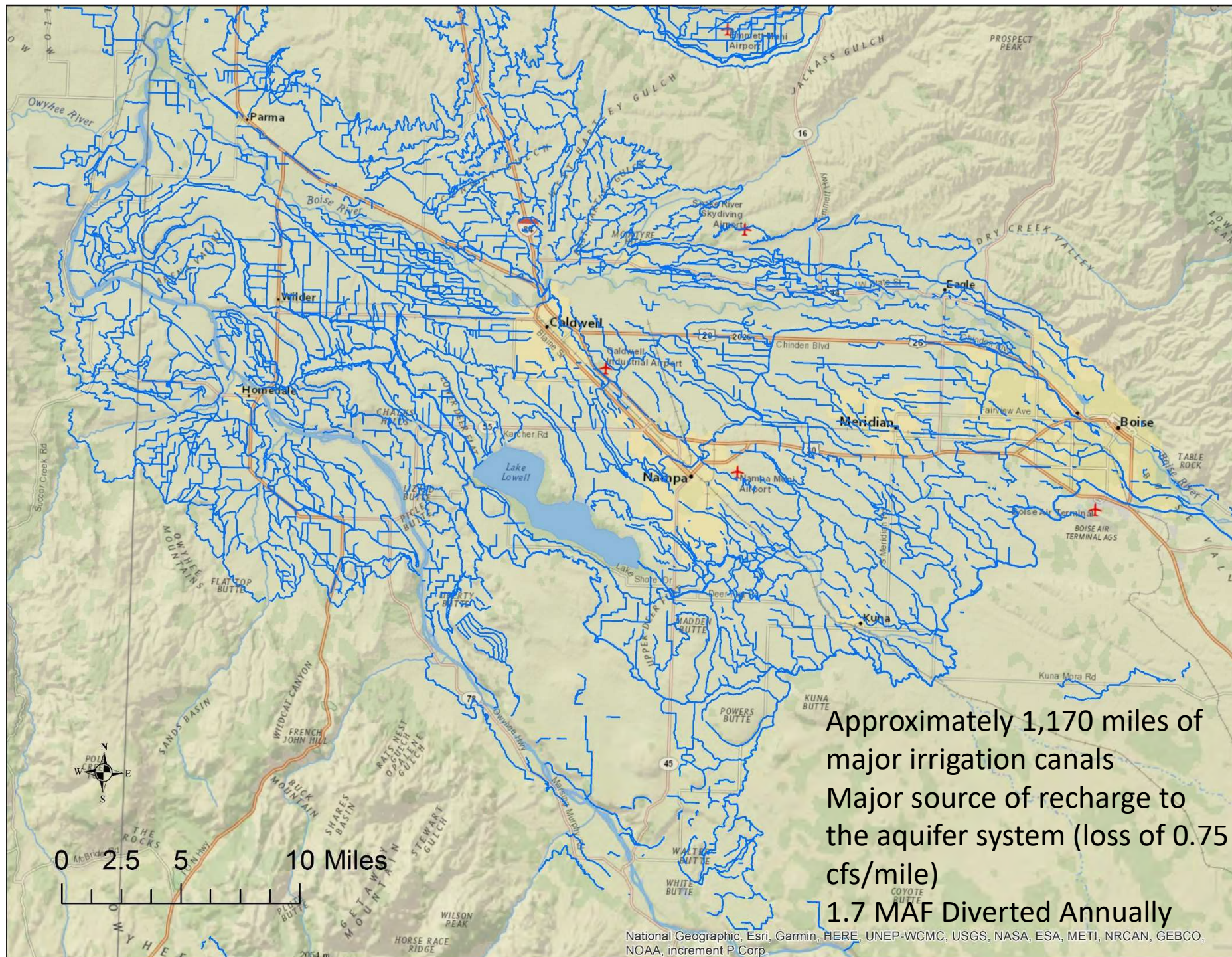
Source of Water.....



- Approximately 5.7 MAF of precipitation falls in the Boise River watershed.
- Approximately 2 MAF of precipitation runoff flows into the Lower Boise Valley as a source of recharge to the aquifers.

Surface Water Features

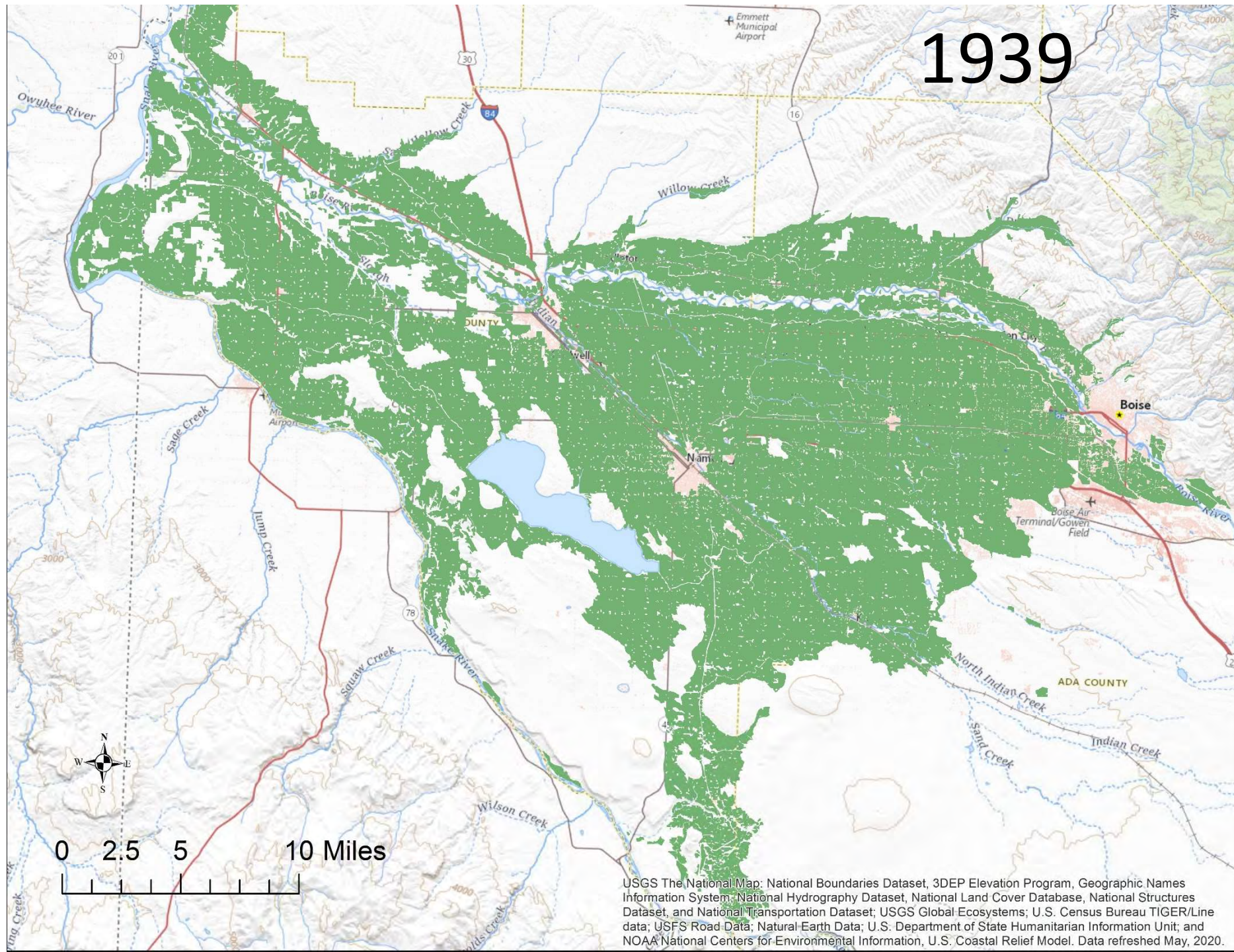




Approximately 1,170 miles of
major irrigation canals
Major source of recharge to
the aquifer system (loss of 0.75
cfs/mile)
1.7 MAF Diverted Annually

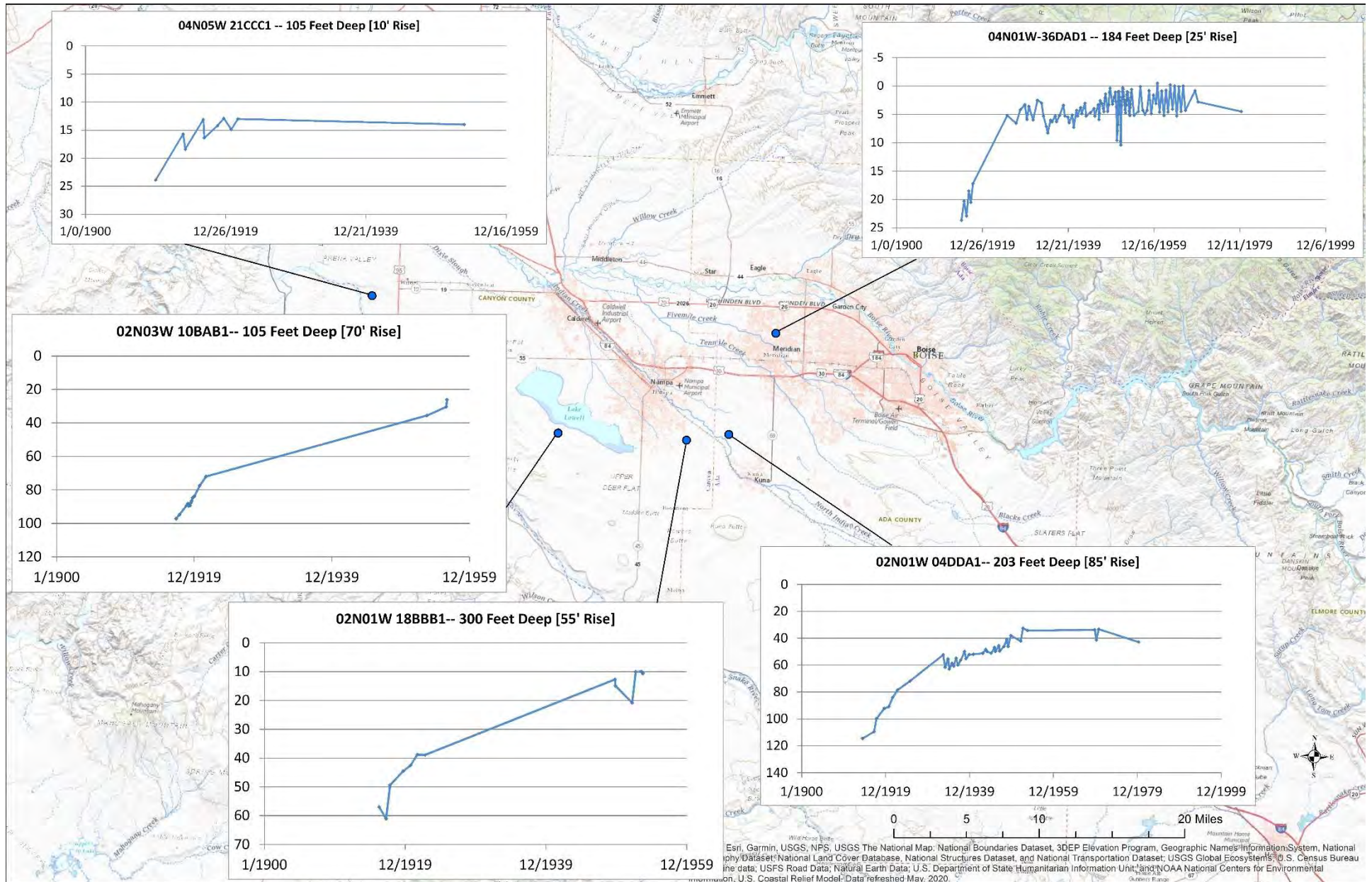
National Geographic, Esri, Garmin, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, GEBCO, NOAA, increment P Corp.

1939

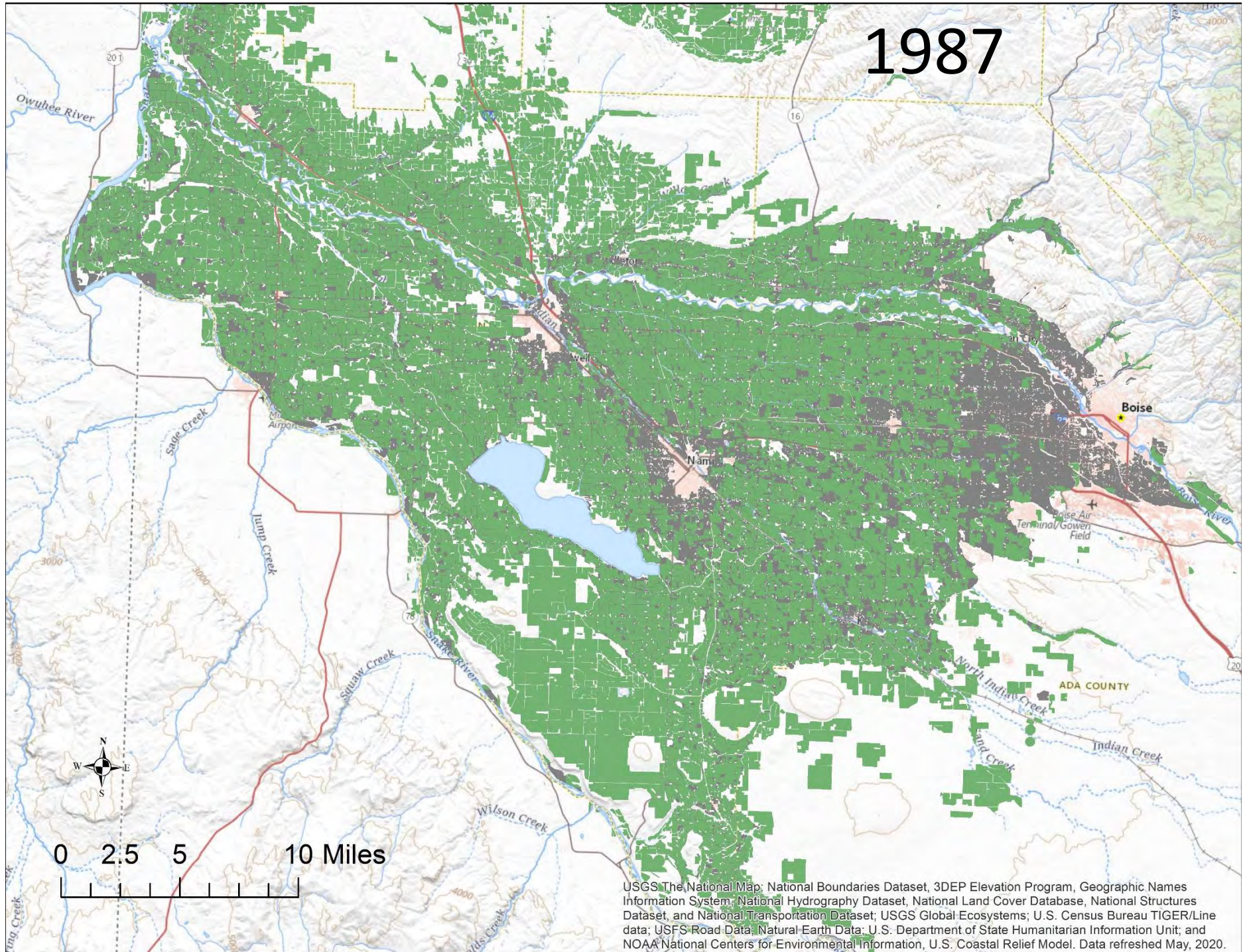


USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed May, 2020.

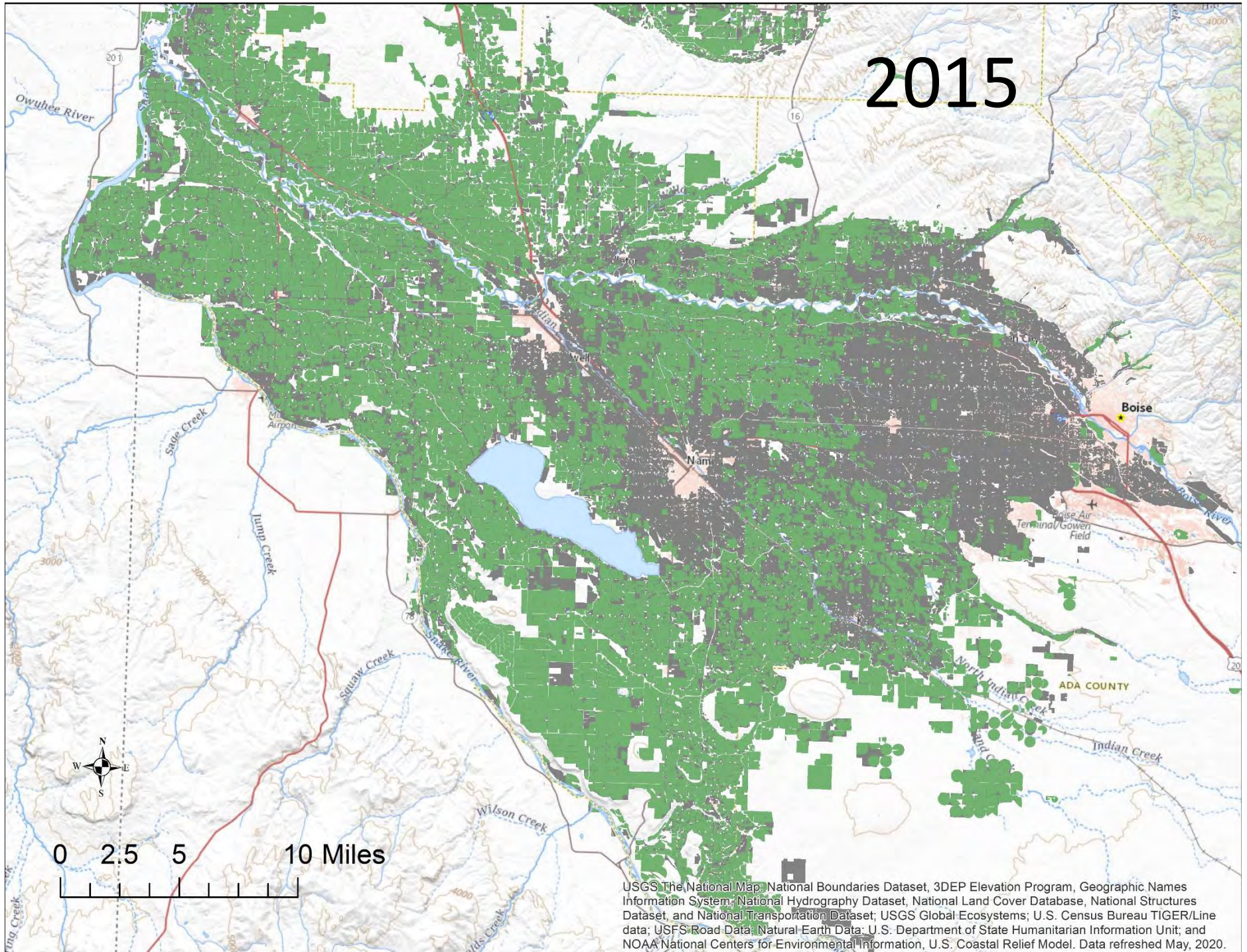
Response to irrigation

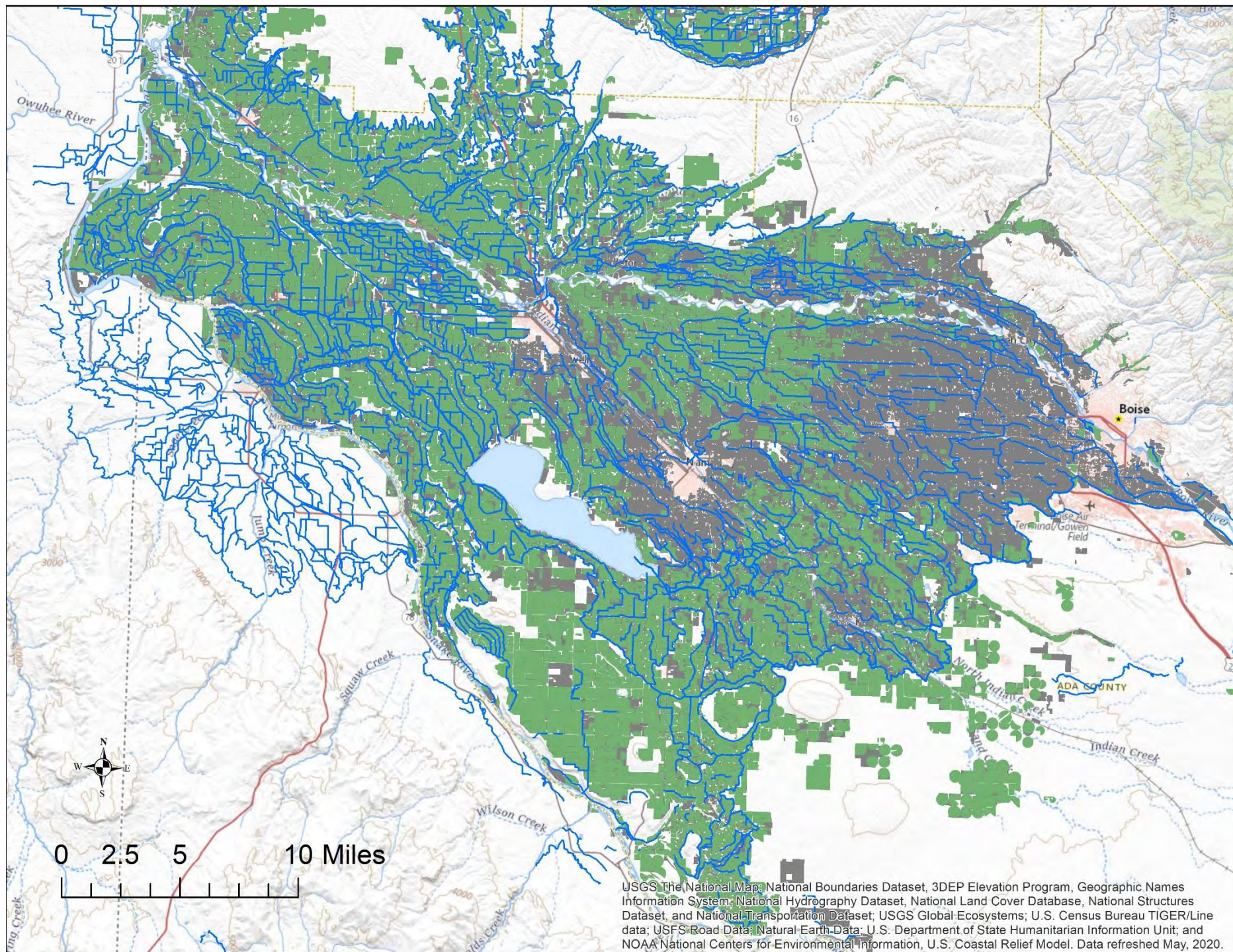


1987

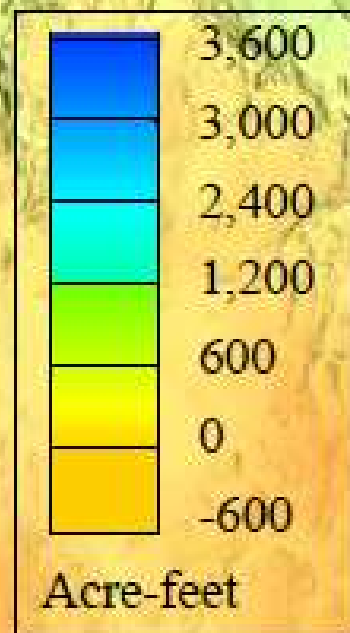


2015

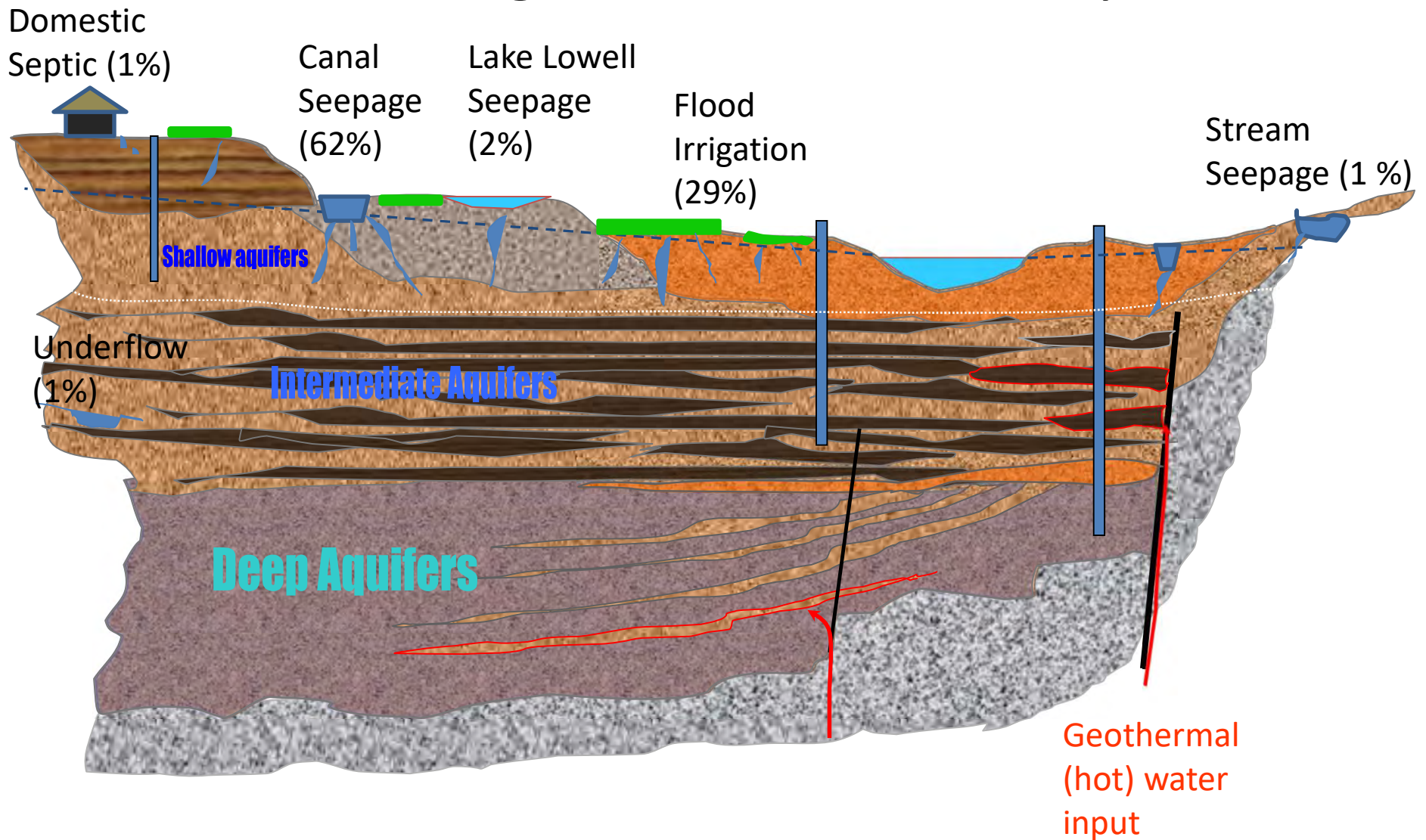




Treasure Valley Recharge



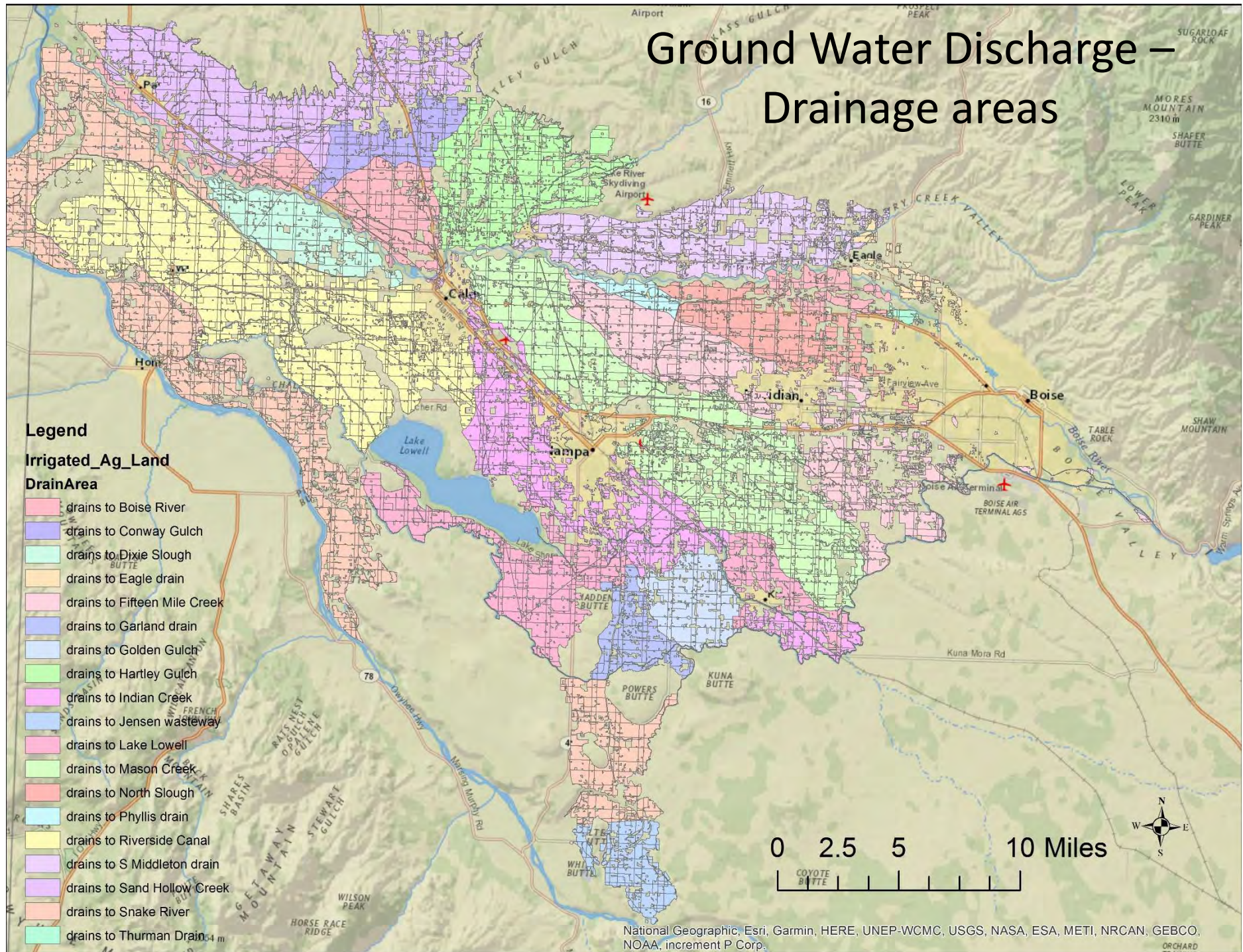
Recharge Sources --Summary



Ground Water Discharge

- Over 1 Million AF of water enters the subsurface annually....where does it all go???
- Two main sources of discharge:
 - Drainage into Snake and Boise Rivers
 - Drain networks
 - Natural seepage
 - Pumping from wells
 - Domestic
 - Commercial
 - Municipal
 - Irrigation

Ground Water Discharge – Drainage areas

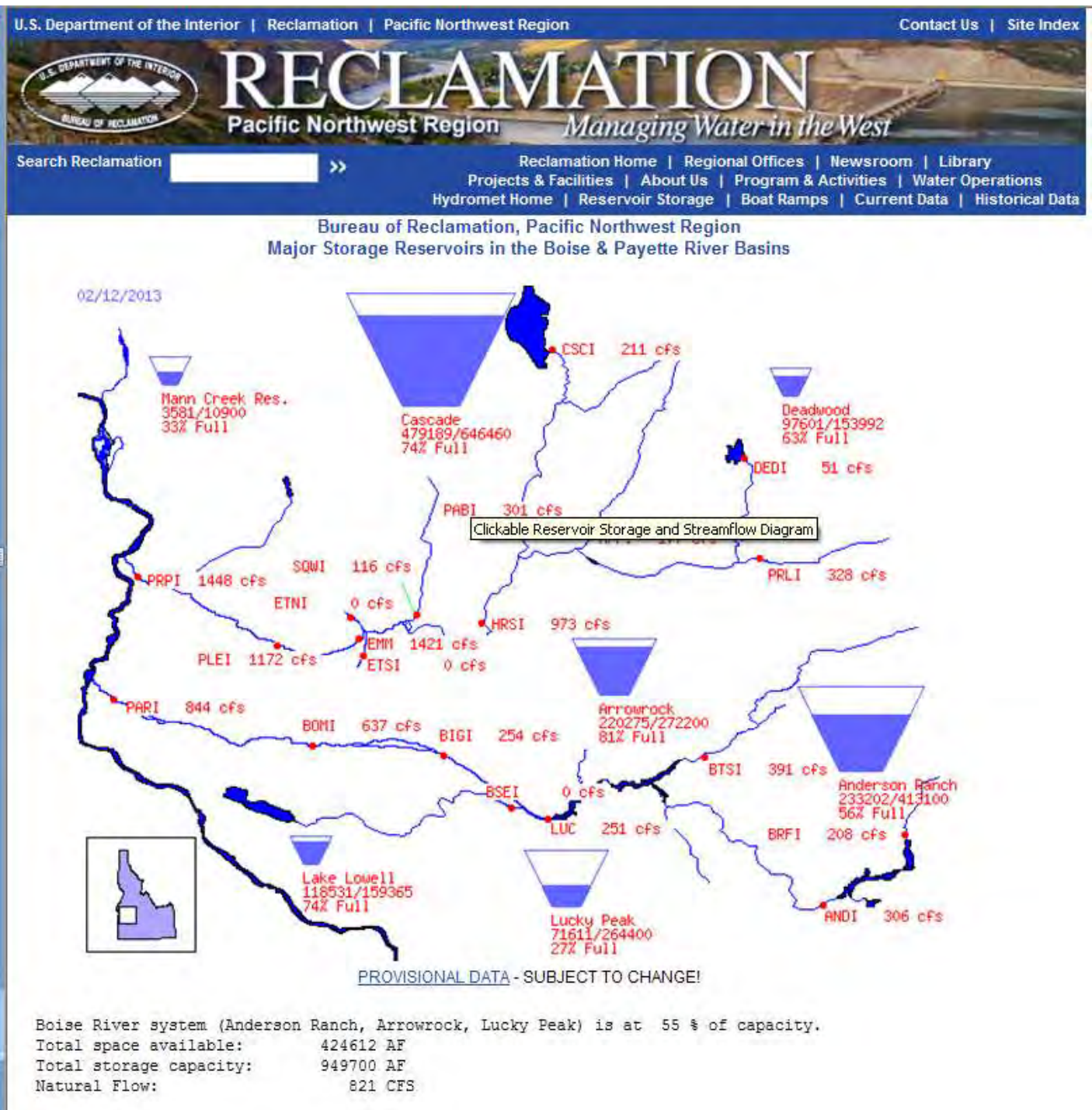


Ground Water Discharge – Drains

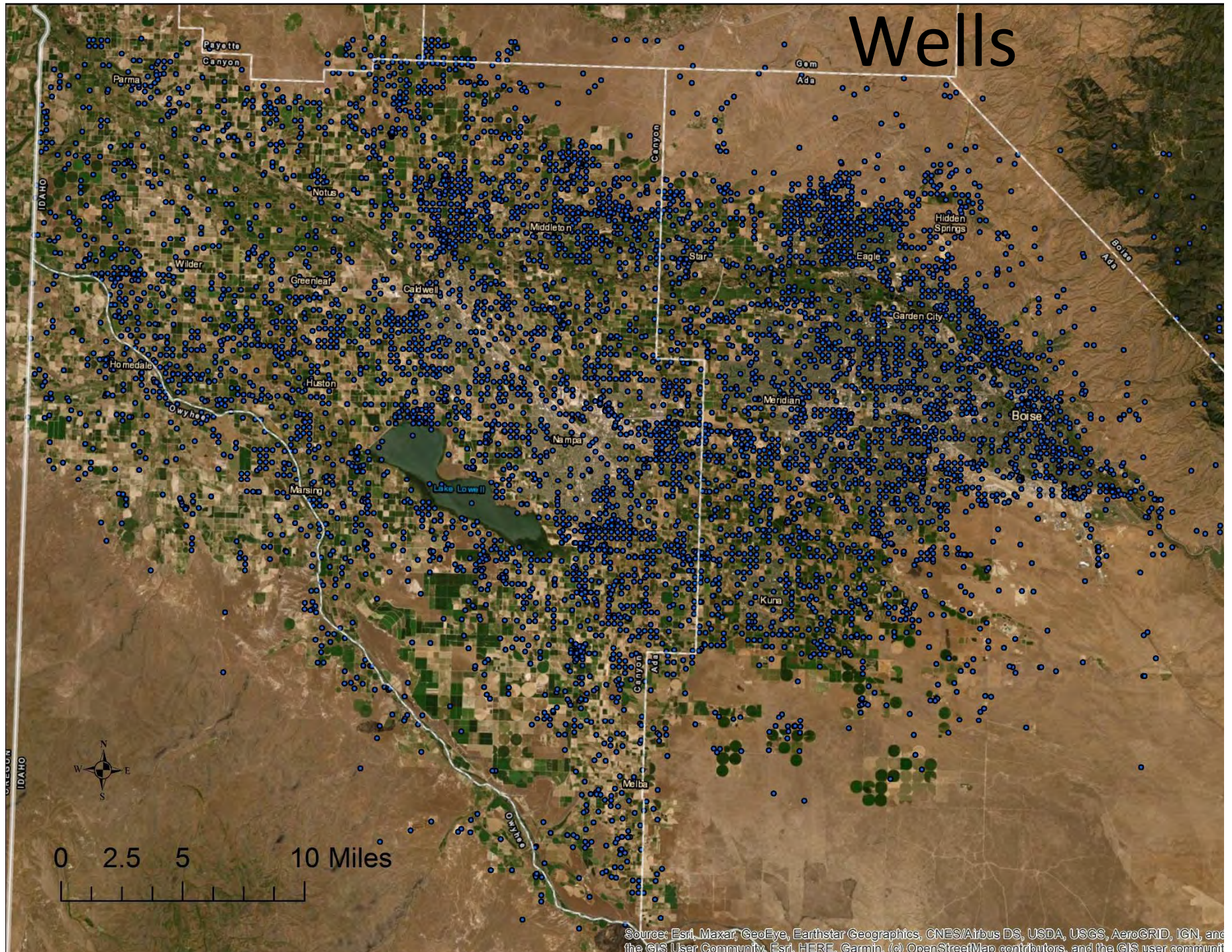


Ground Water Discharge – Drains



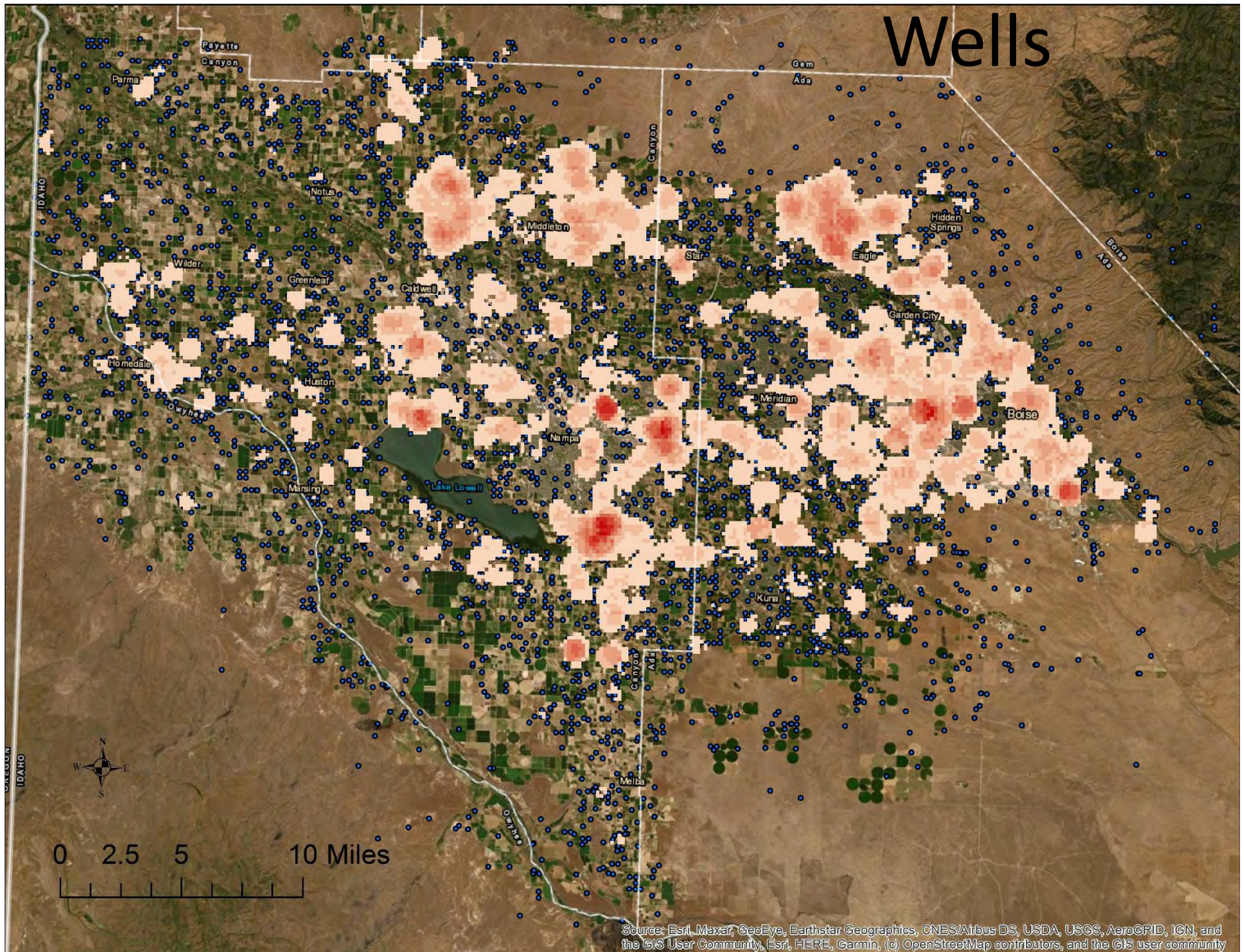


Wells



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community, Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

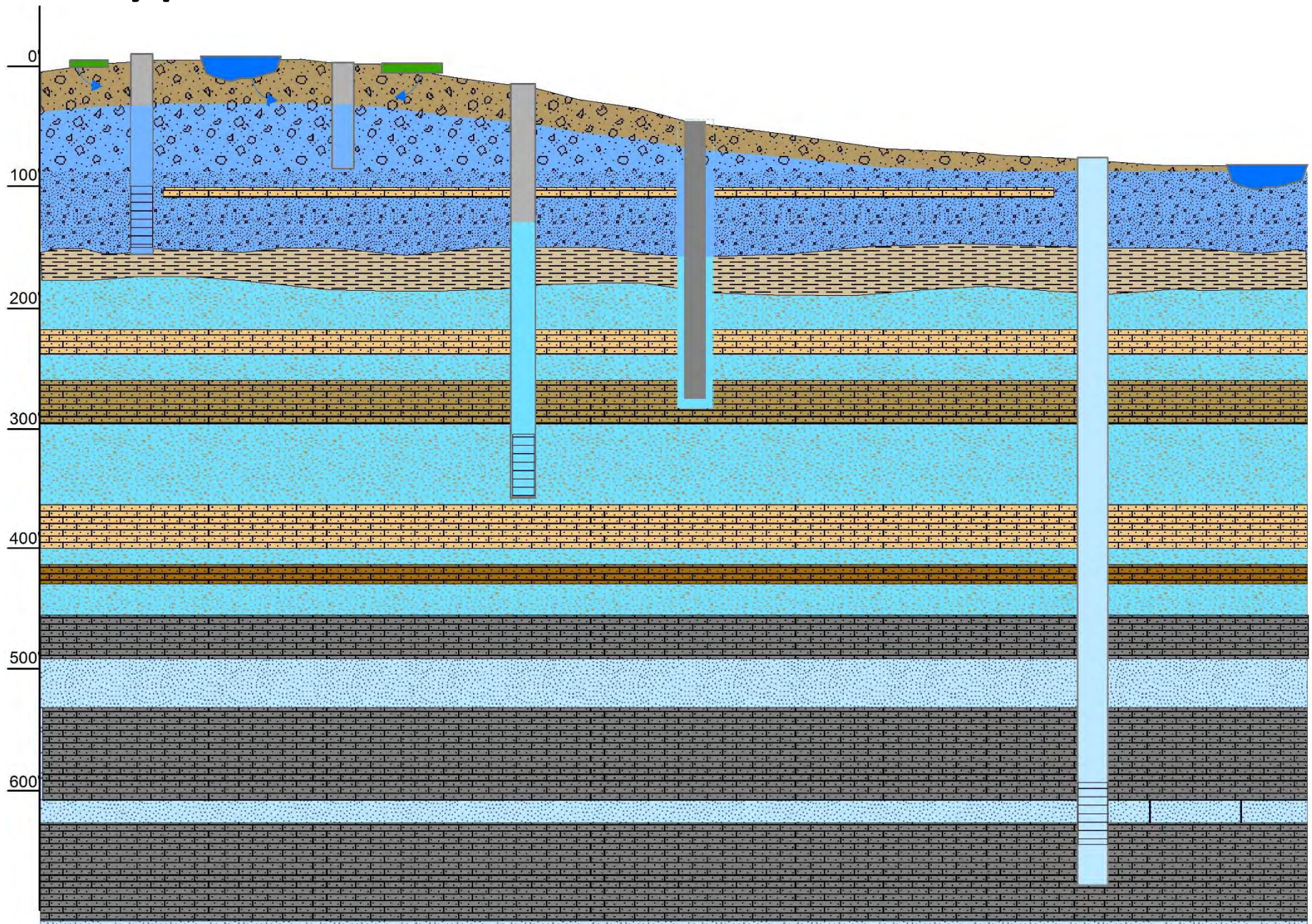
Wells



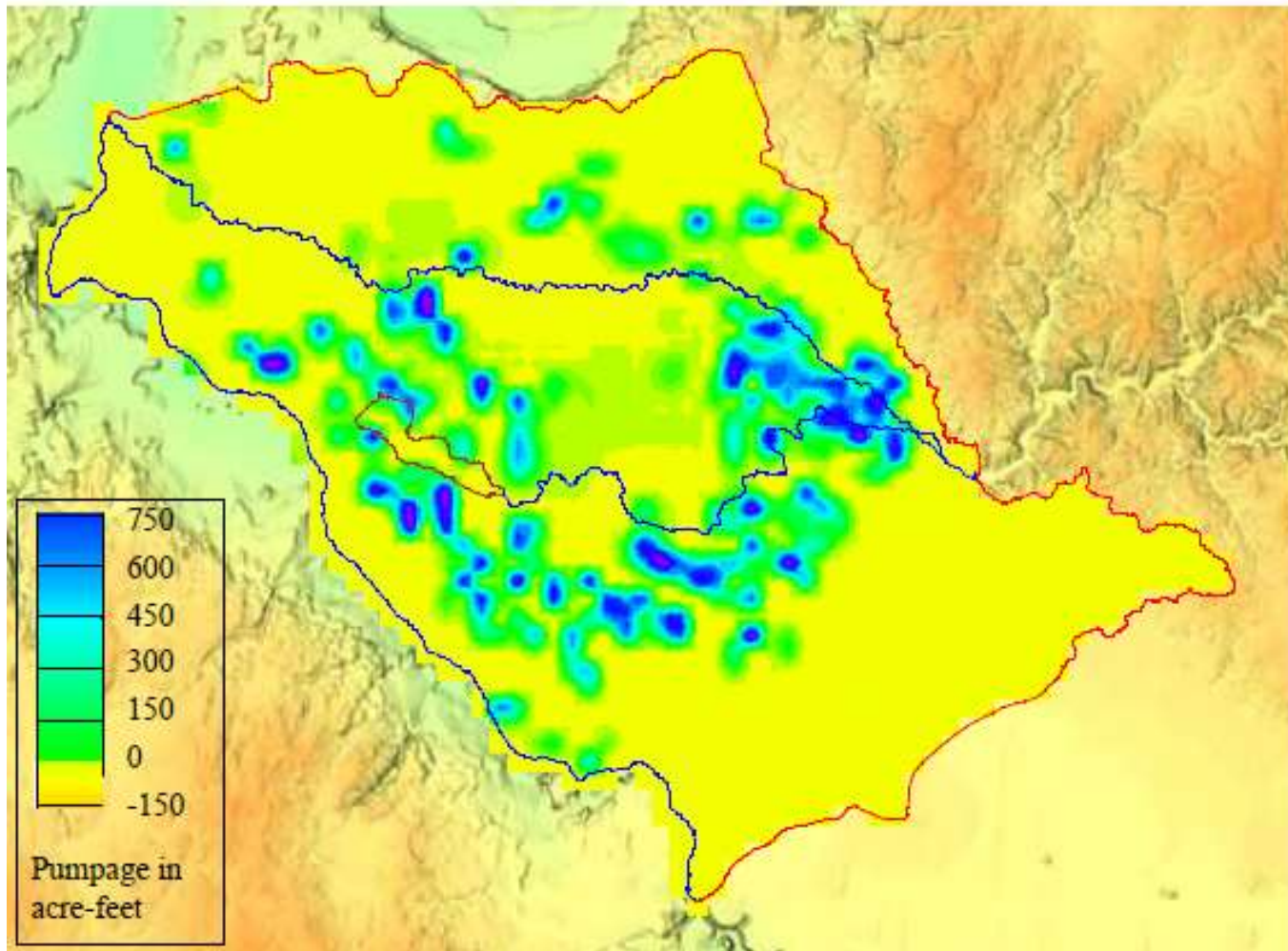
Ground Water Discharge -- Wells



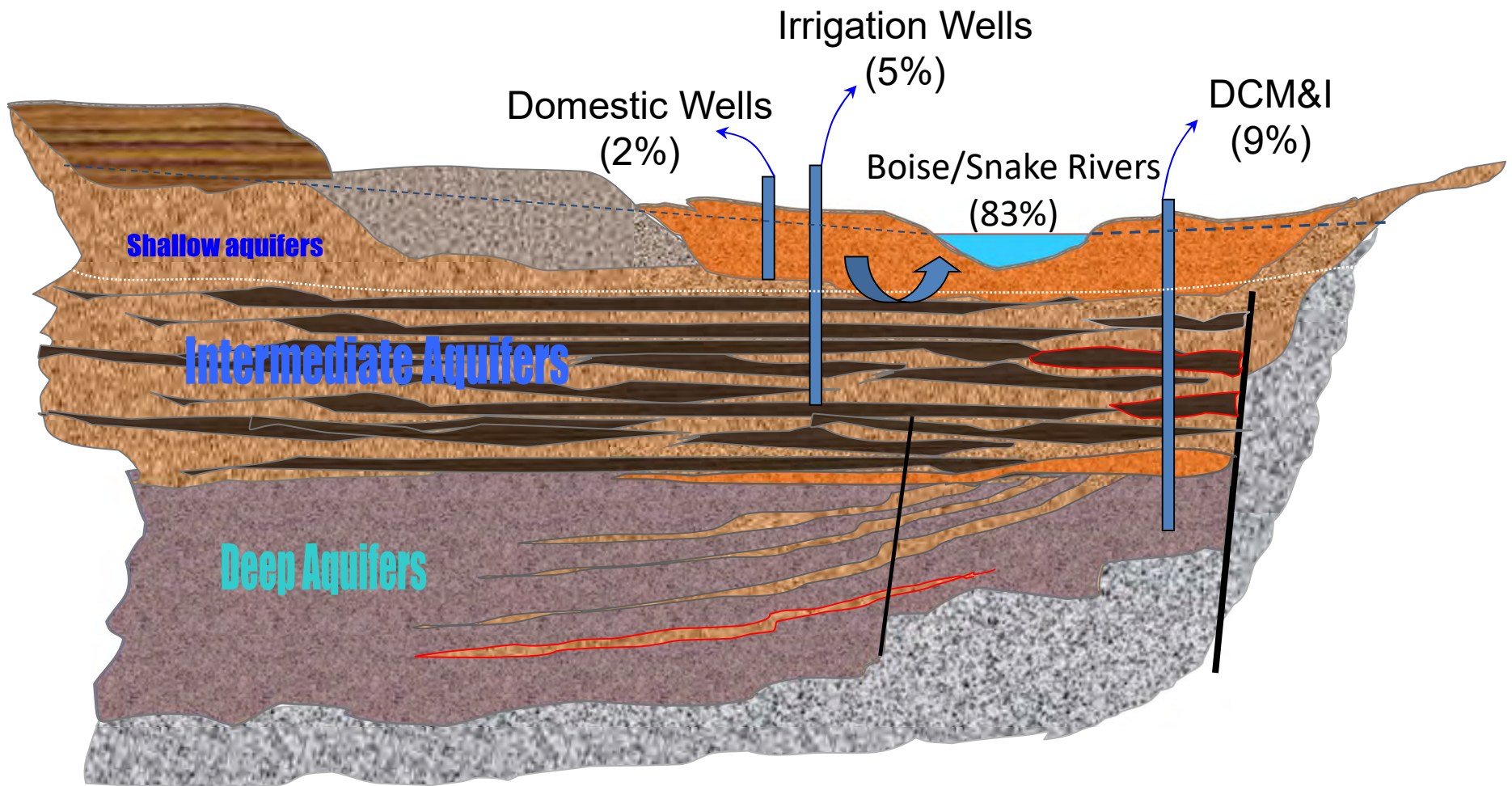
Types of Wells and Well Construction



Treasure Valley Pumping Diversions



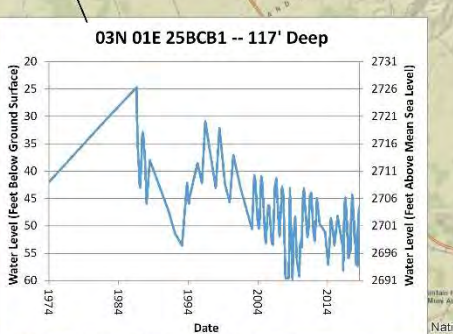
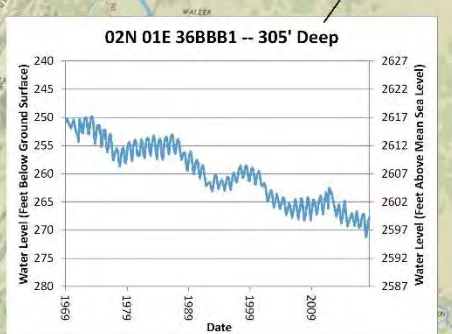
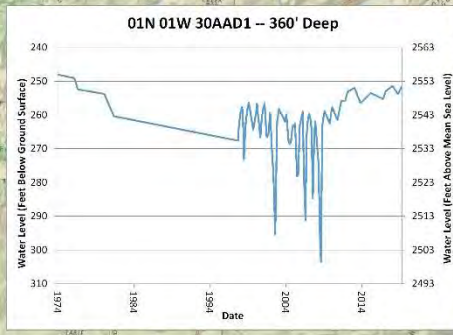
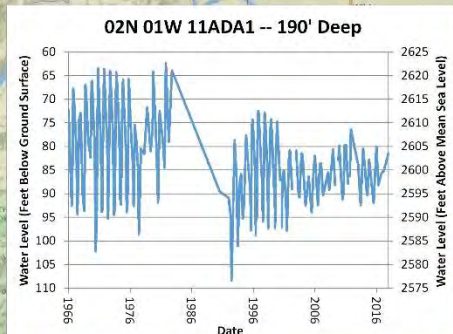
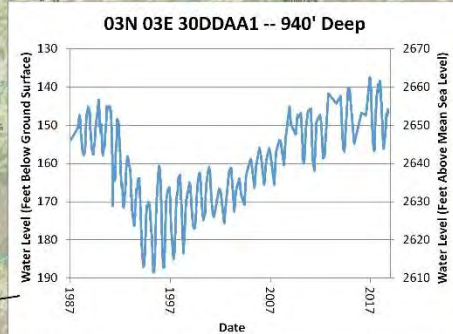
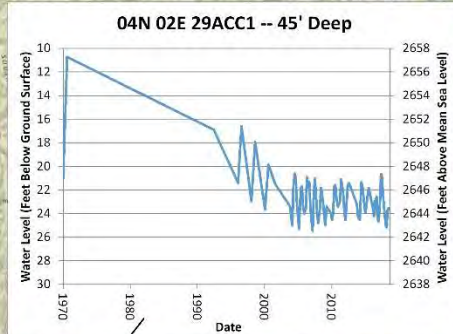
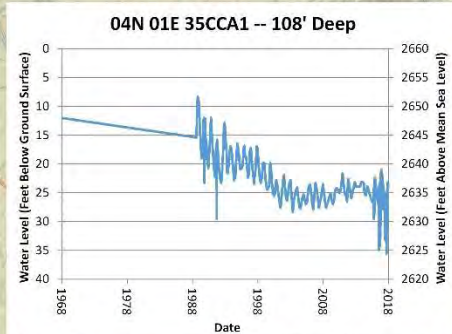
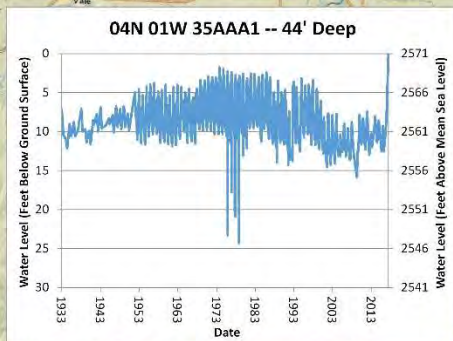
Discharge Sources --Summary



Ground Water Budget Details

Recharge Sources		TVHP 1996	TVHP 2000	BOR 2008	Averages
Canal Seepage		626,000	521,500	492,284	
Seepage from Rivers and Streams		16,000	77,000	NA	
Seepage from Lake Lowell		19,000	21,200	NA	
Underflow		4,300	4,300	NA	
Flood Irrigation and Precipitation		302,000	404,400	453,868	
Other Uses		48,000	65,700	NA	
Rural Domestic Septic Systems		5,000	4,600	NA	
Total Inflows		1,020,300	1,098,700	997,657	1,038,886
Discharge Sources					
Domestic and Industrial Pumping		66,000	76,800	NA	
Municipal Irrigation		10,000	10,000	NA	
Self-Supplied Industrial		21,000	8,200	NA	
Agricultural Irrigation		72,000	53,000	128,962	
Rural Domestic Pumping		27,000	24,000	NA	
Stock Water Pumping		3,000	3,000	NA	
Total Pumping		199,000	175,000	128,962	167,654
Discharge to Snake River		276,800	352,600	362,023	
Discharge to Boise River		523,200	529,000	489,105	
Total Discharge to Rivers		800,000	881,600	851,128	844,243
Total Outflows		999,000	1,056,600	980,090	1,011,897
Net Difference		21,300	42,100	17,567	26,989

Treasure Valley Historical Water Levels

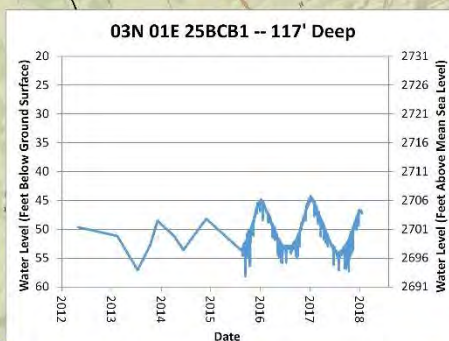
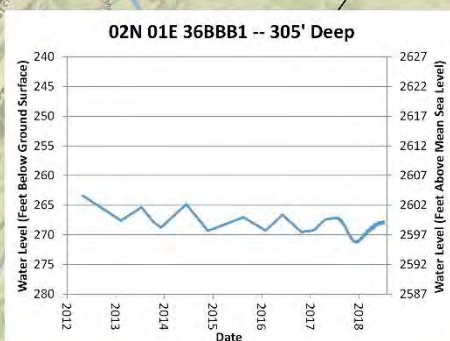
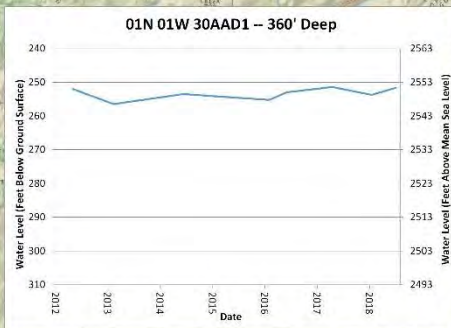
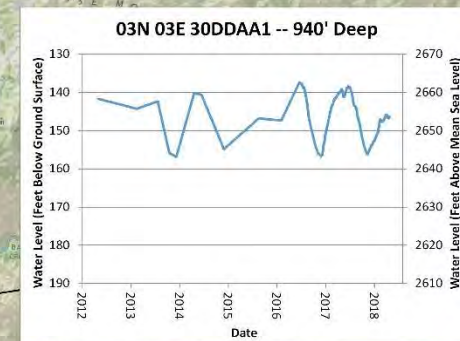
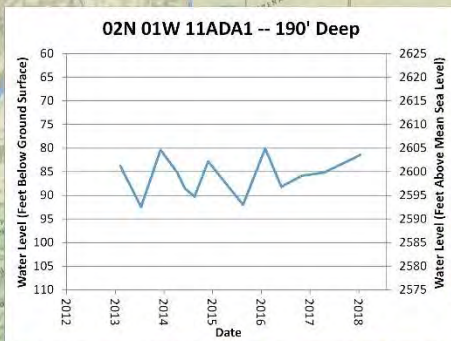
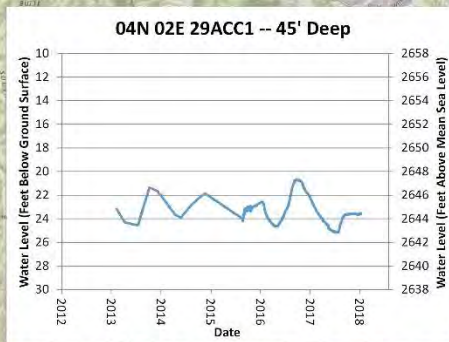
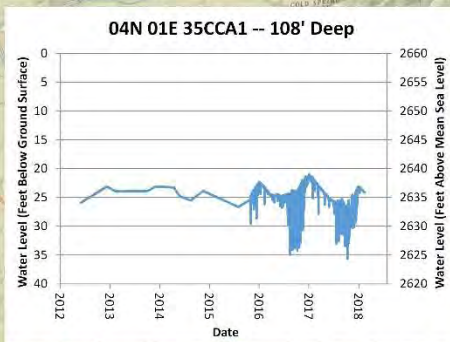
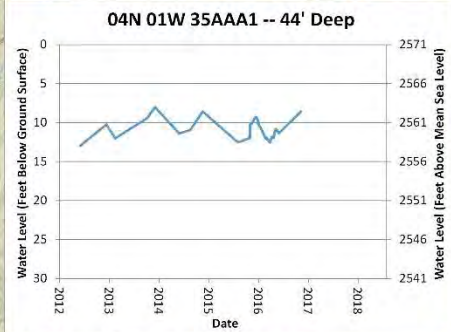


0 2.5 5 10 Miles



National Geographic, Esri, Garmin, HERE, UNEP-WCMC, USGS, NASA, ESA, METI,

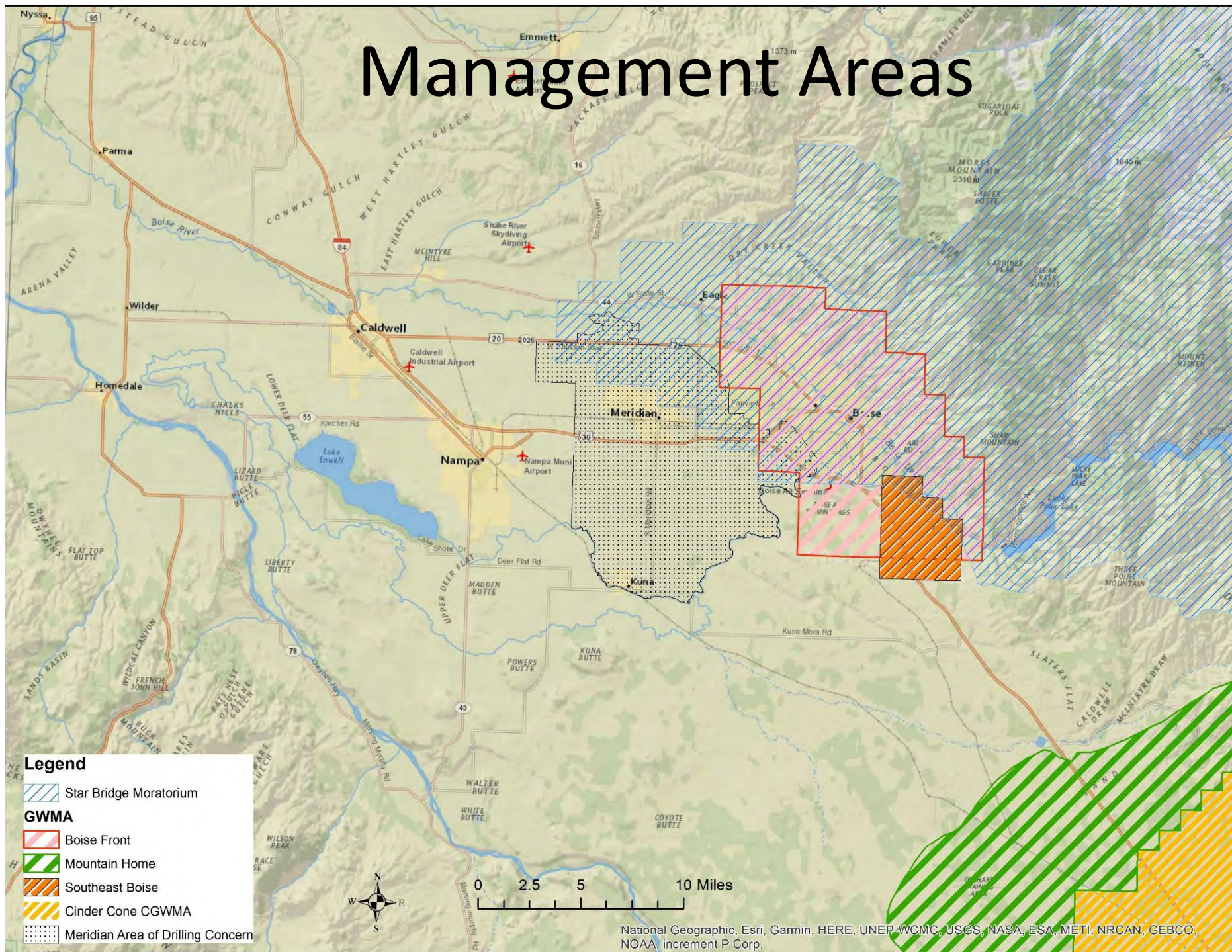
Treasure Valley 5-Year Water Levels



0 2.5 5 10 Miles

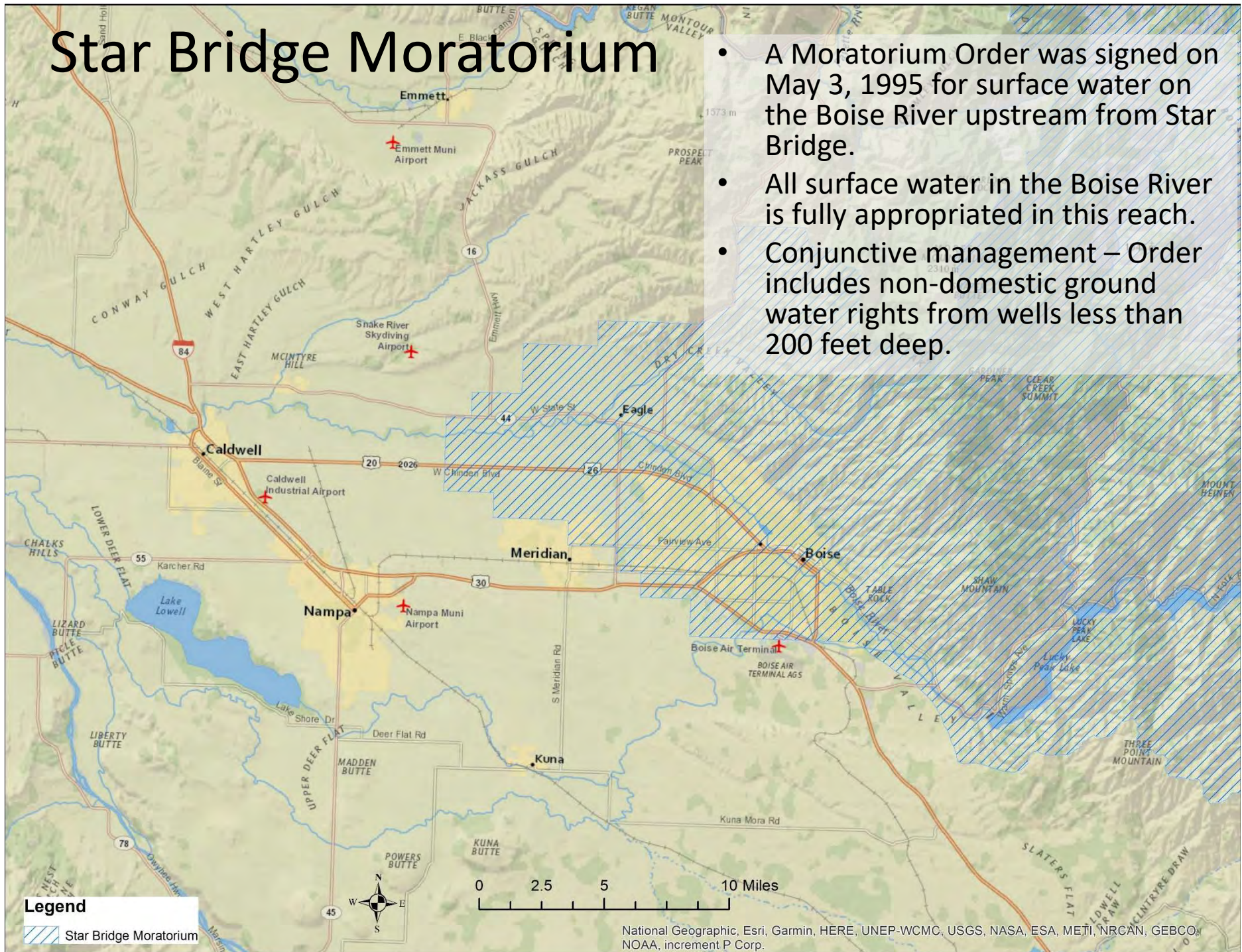


Management Areas



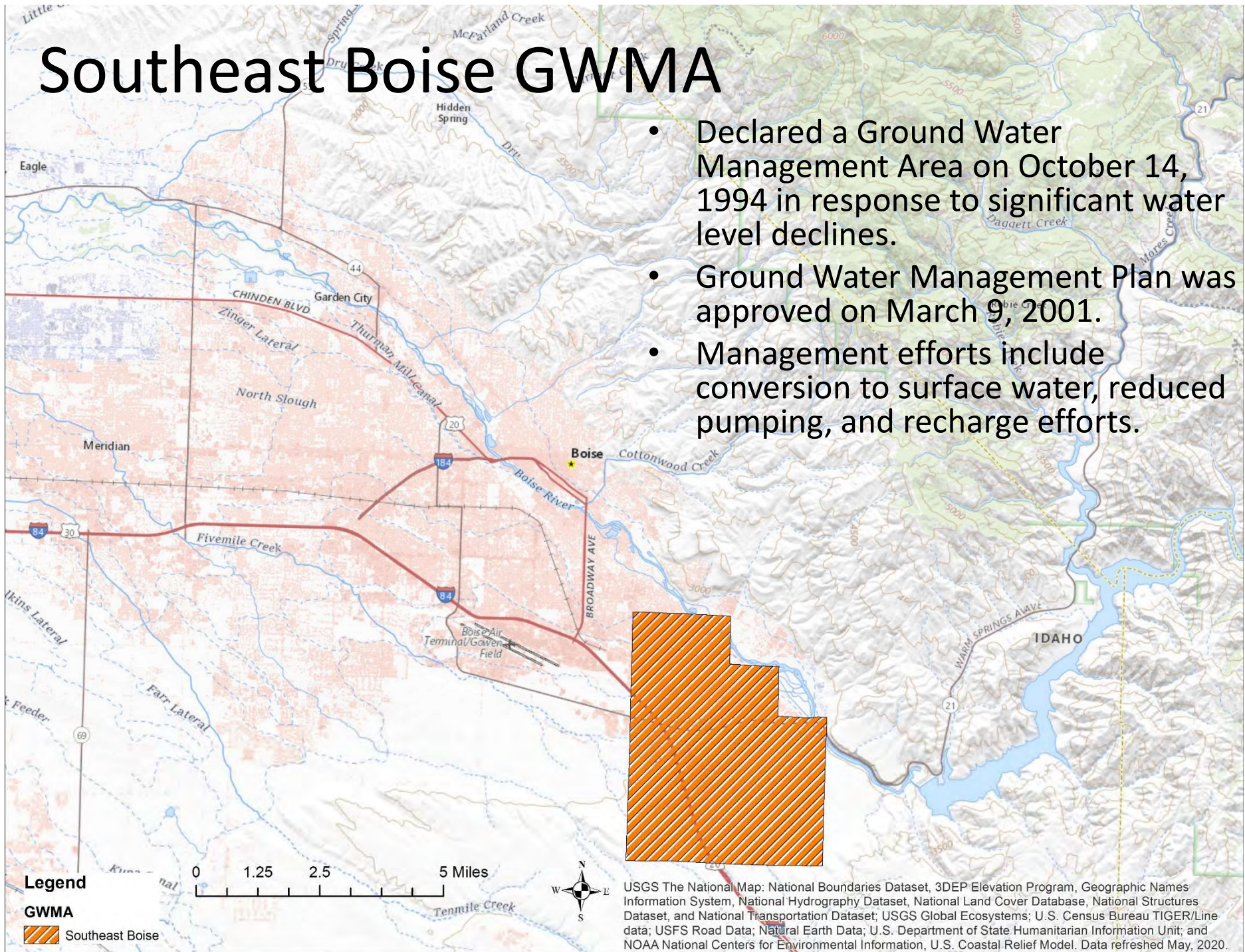
Star Bridge Moratorium

- A Moratorium Order was signed on May 3, 1995 for surface water on the Boise River upstream from Star Bridge.
- All surface water in the Boise River is fully appropriated in this reach.
- Conjunctive management – Order includes non-domestic ground water rights from wells less than 200 feet deep.

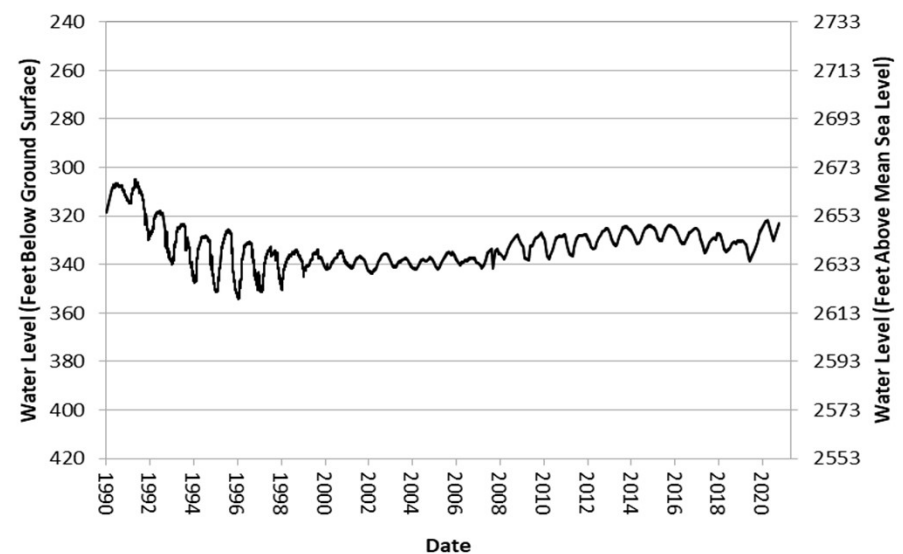
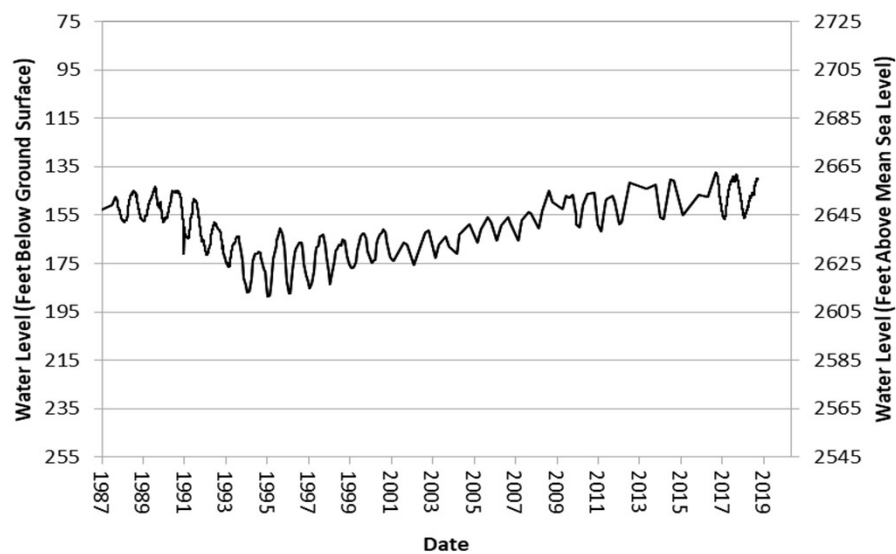
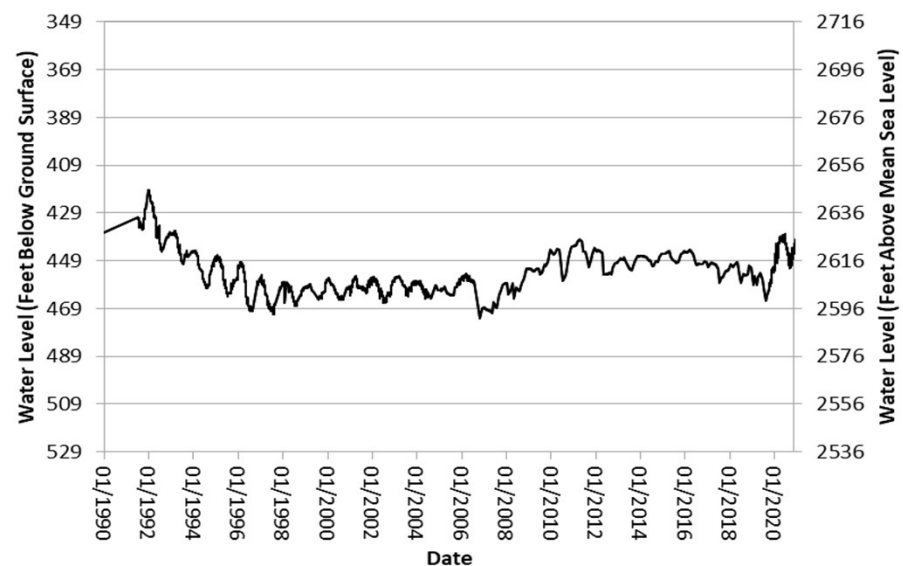


Southeast Boise GWMA

- Declared a Ground Water Management Area on October 14, 1994 in response to significant water level declines.
- Ground Water Management Plan was approved on March 9, 2001.
- Management efforts include conversion to surface water, reduced pumping, and recharge efforts.

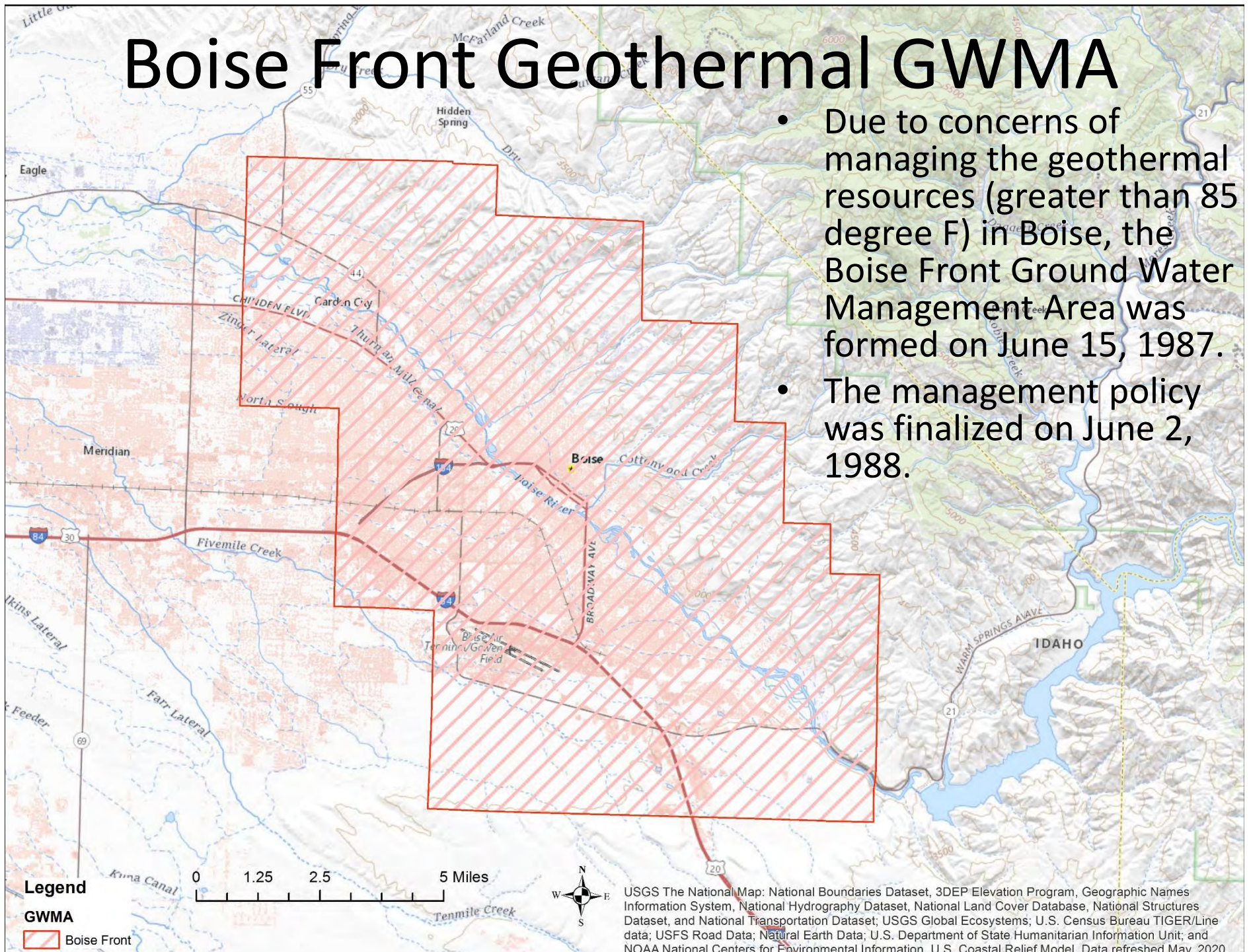


This map displays the Chicago metropolitan area with 33 numbered sampling locations. The locations are categorized by color: brown circles (1-10), blue circles (11-18), and orange circles (19-33). A dashed orange box highlights a central urban area. Major roads and water bodies are also shown. A scale bar (0-4 miles) and a north arrow are located in the top right corner.



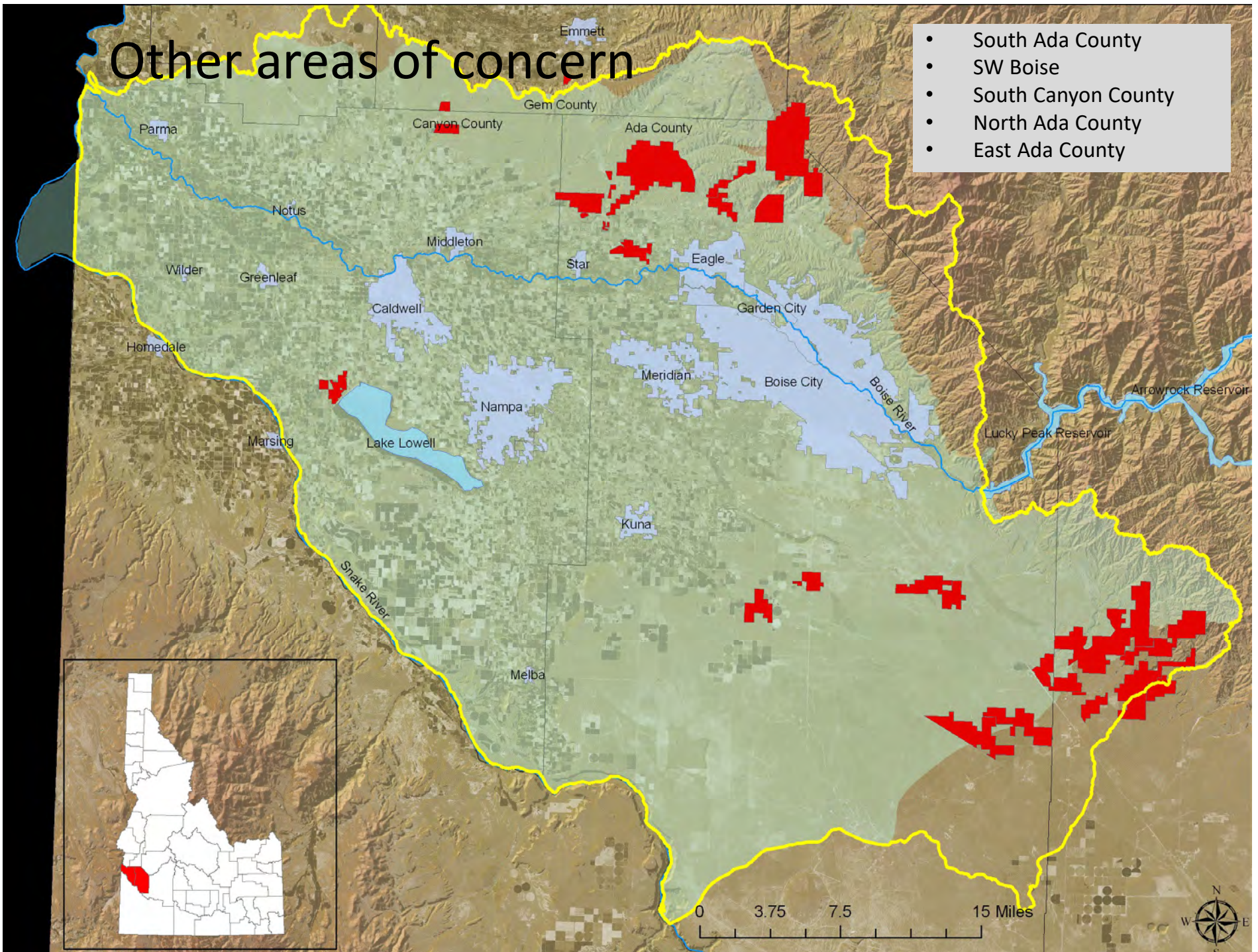
Boise Front Geothermal GWMA

- Due to concerns of managing the geothermal resources (greater than 85 degree F) in Boise, the Boise Front Ground Water Management Area was formed on June 15, 1987.
- The management policy was finalized on June 2, 1988.

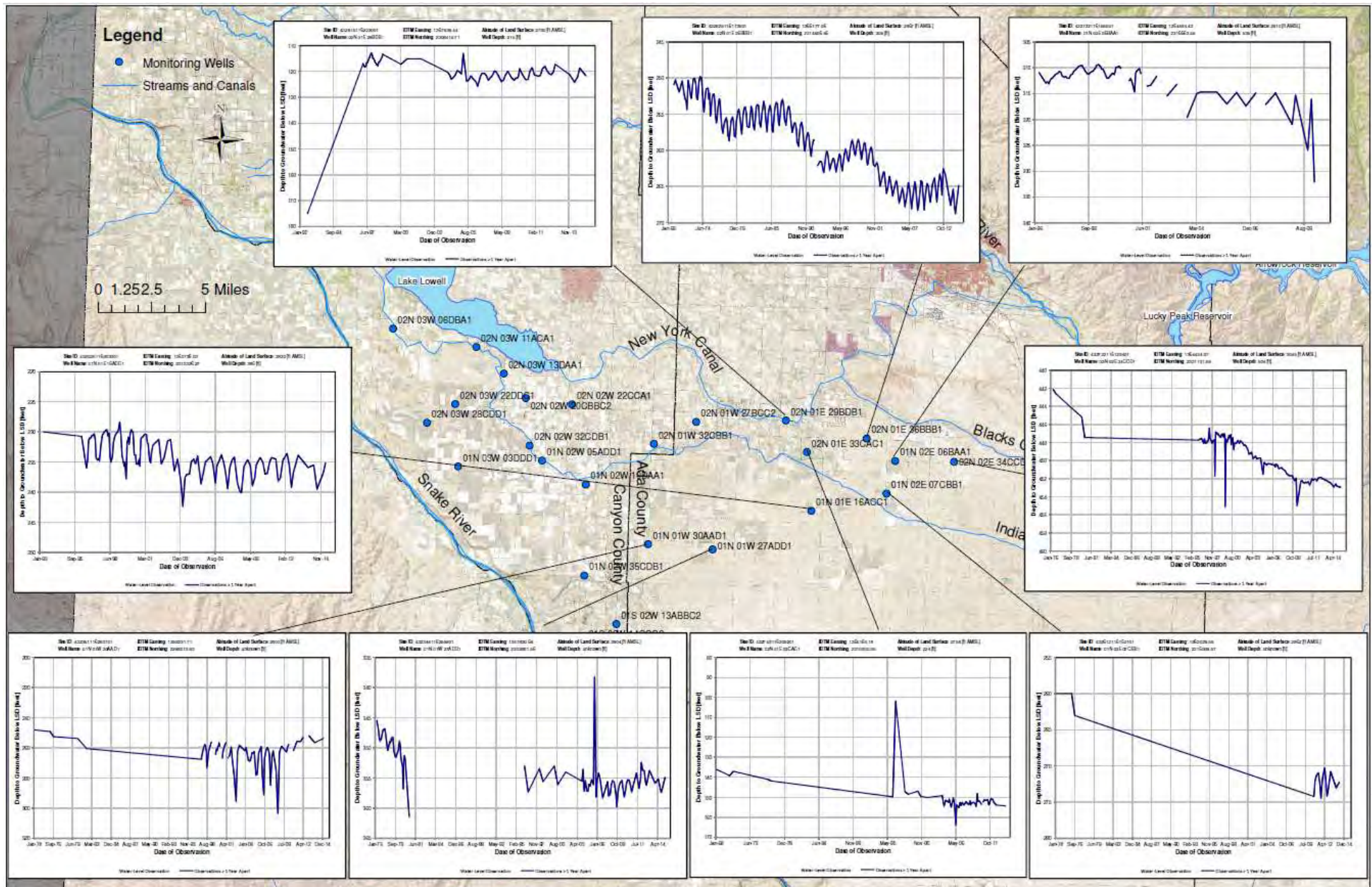


Other areas of concern

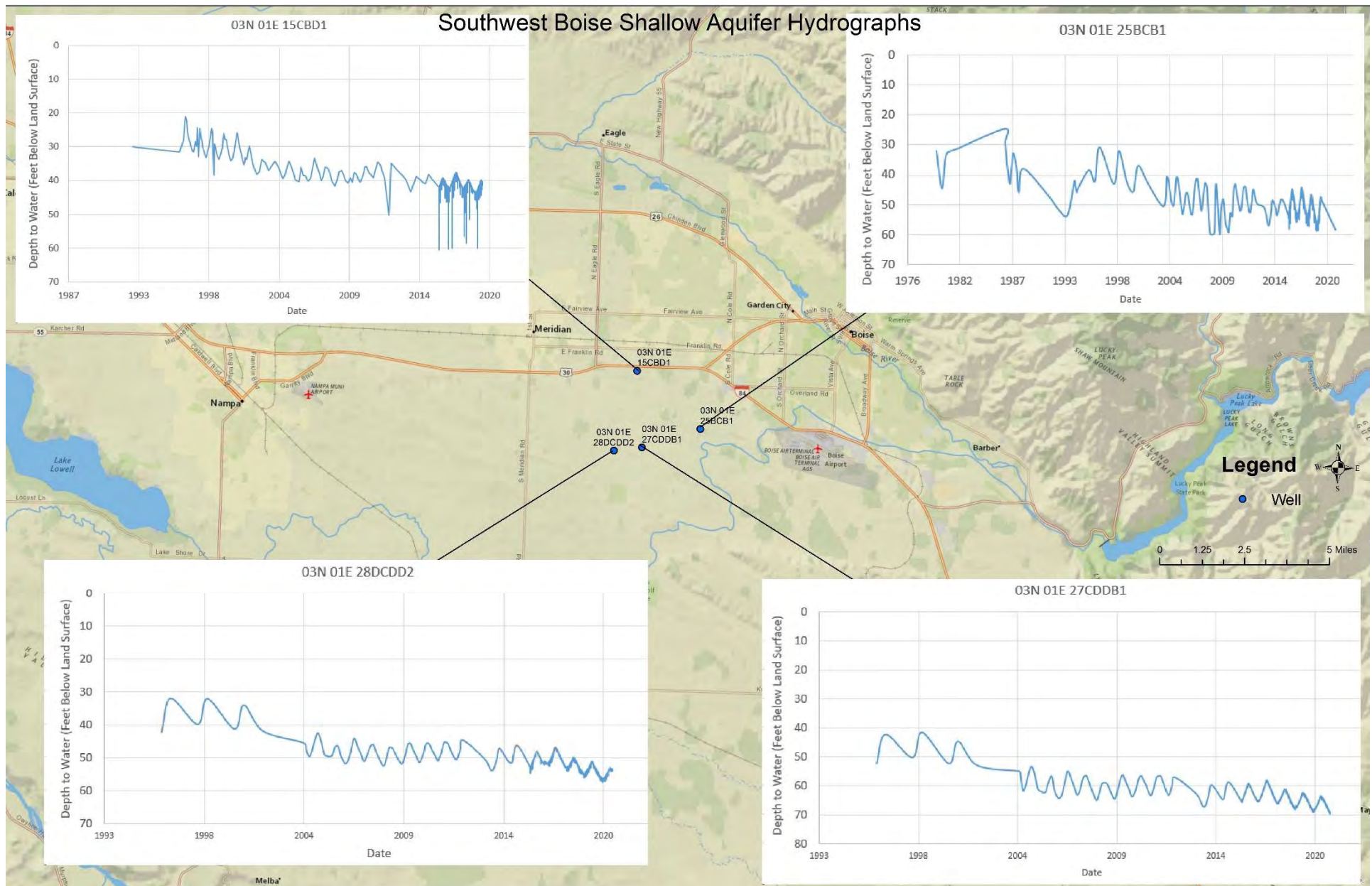
- South Ada County
- SW Boise
- South Canyon County
- North Ada County
- East Ada County



Other areas of concern -- Southern Ada County

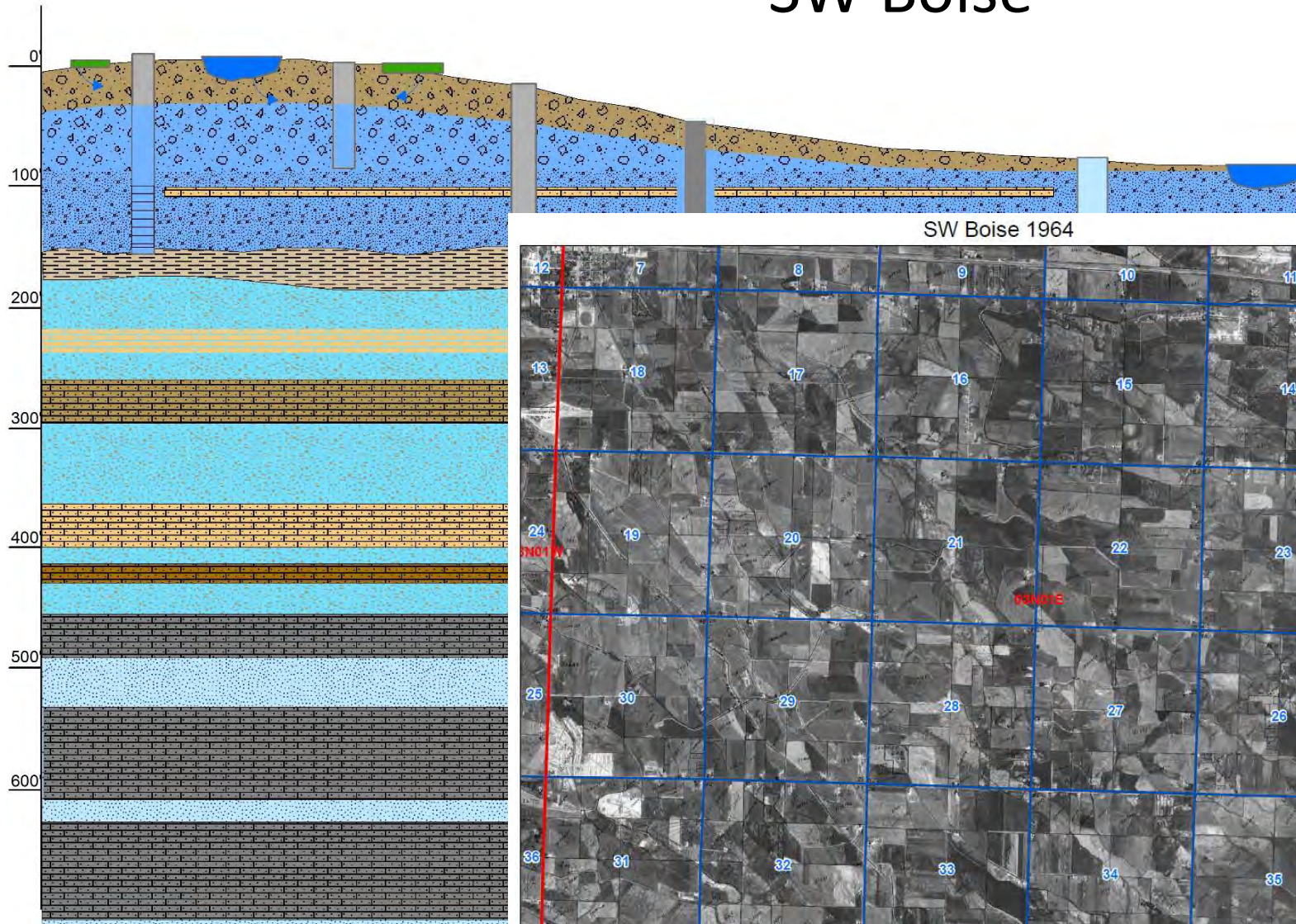


Other areas of concern – SW Boise Shallow Aquifer



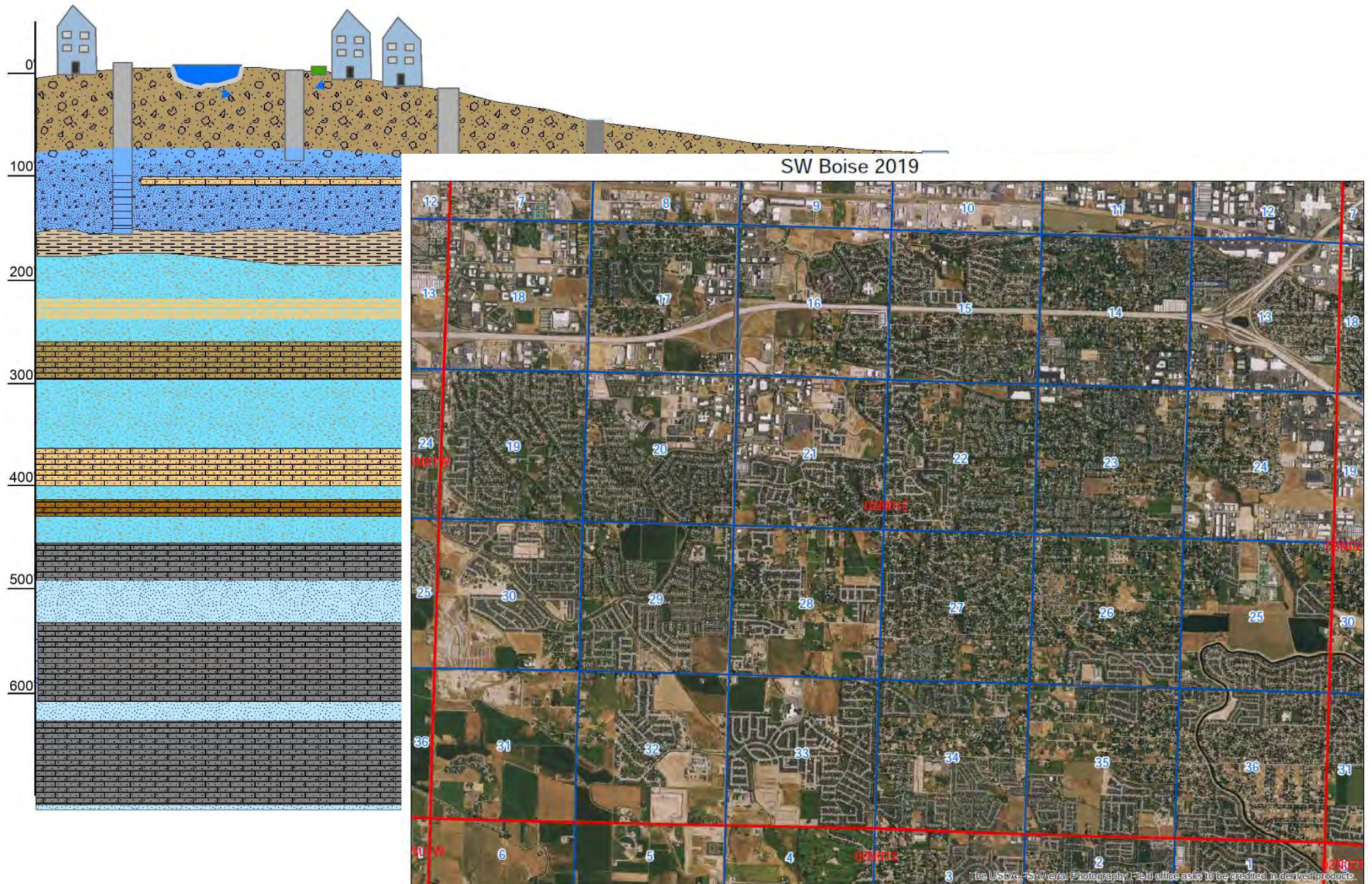
Other areas of concern

- SW Boise



Other areas of concern

- SW Boise



Other areas of concern

- South of Lake Lowell

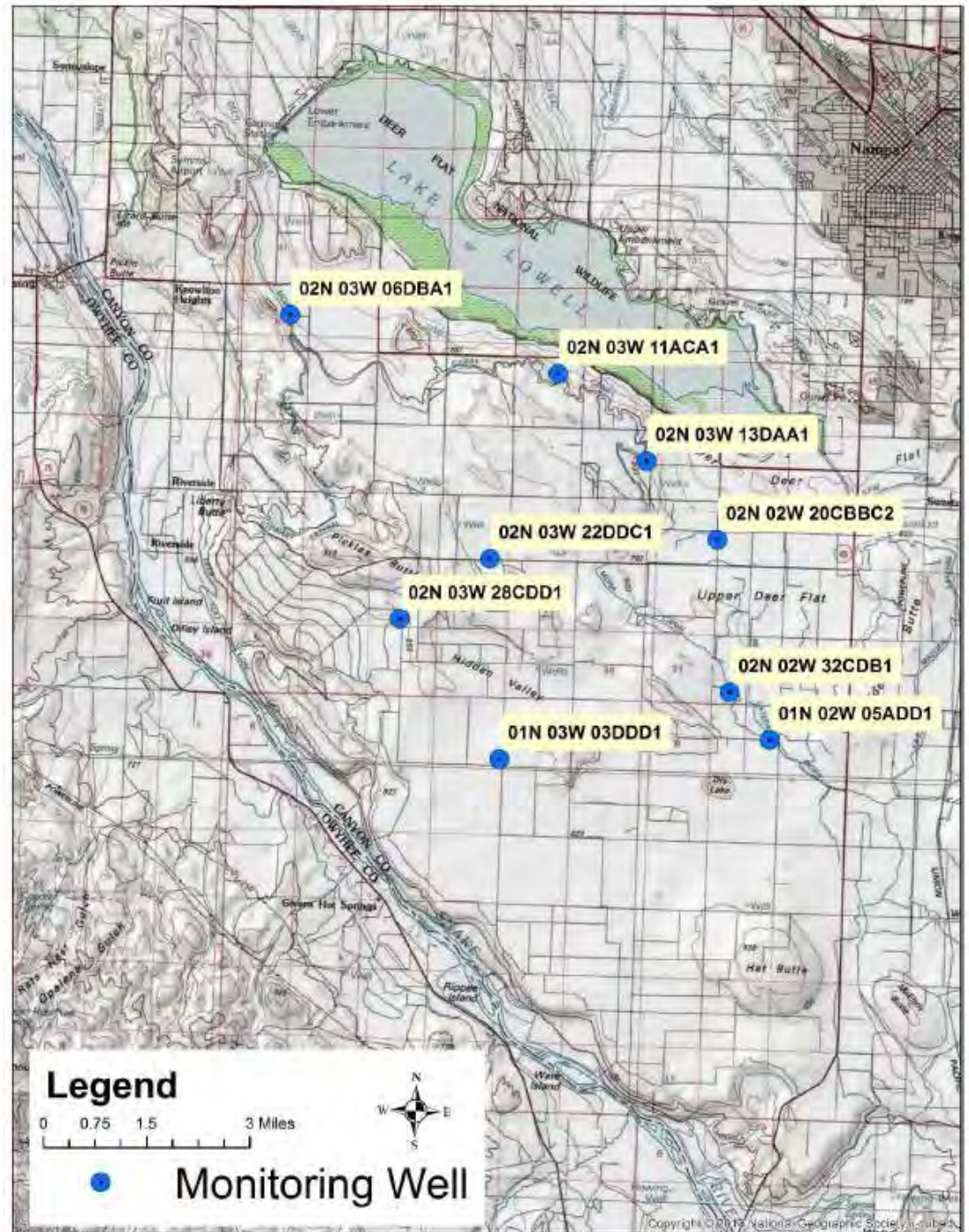


Figure 1. Map of the study area and monitoring well locations.

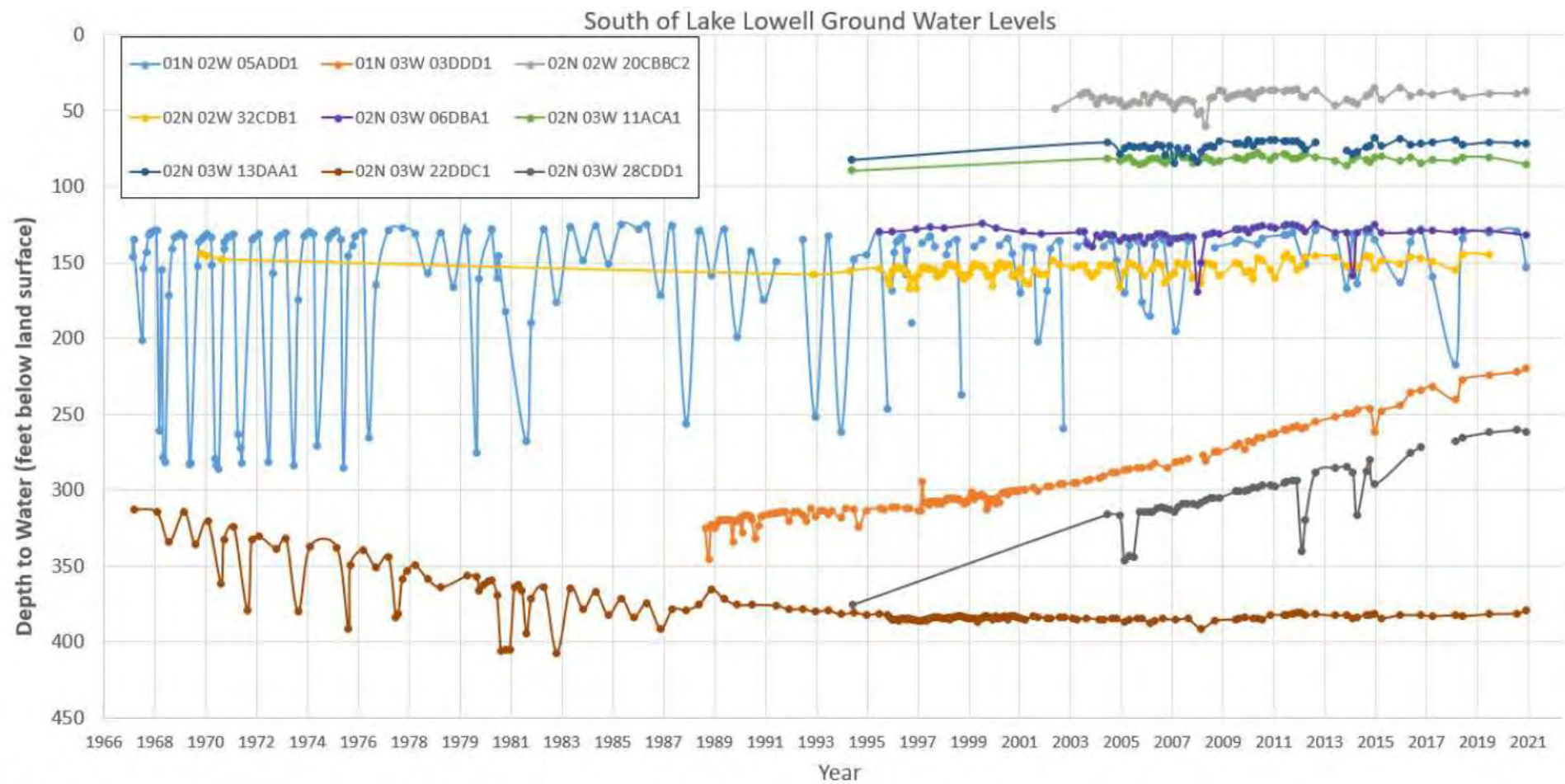
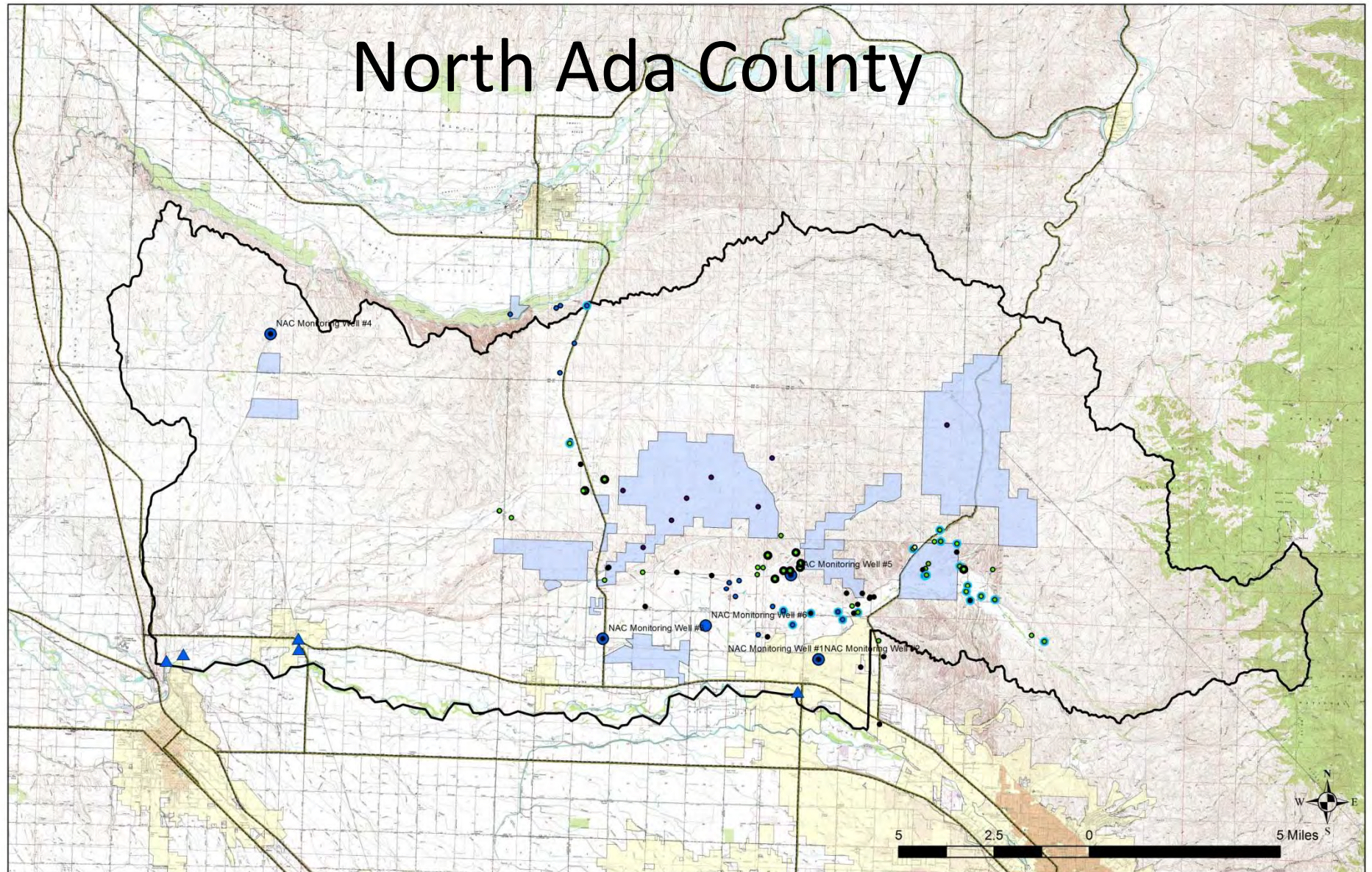
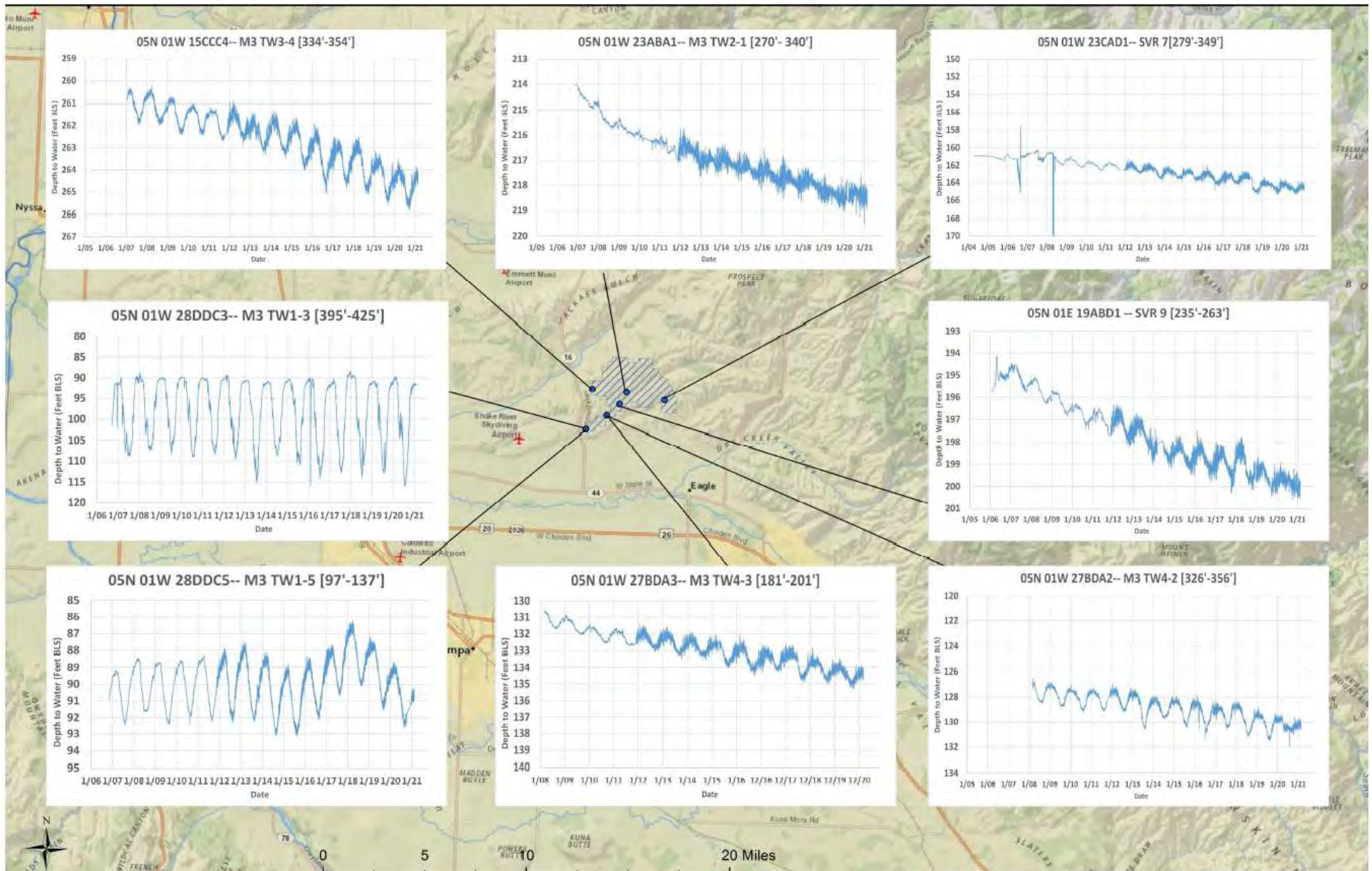


Figure 2. Hydrographs of the wells monitored in the area.

North Ada County



Other areas of concern -- North Ada County





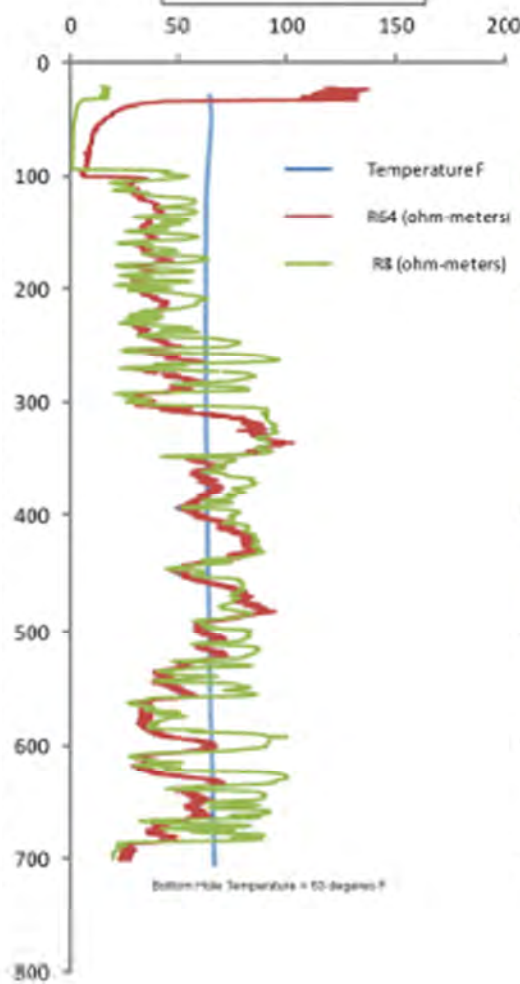
North Ada County Monitoring Well #6 T. 1 N., R. 1W., Section 1

April 2011

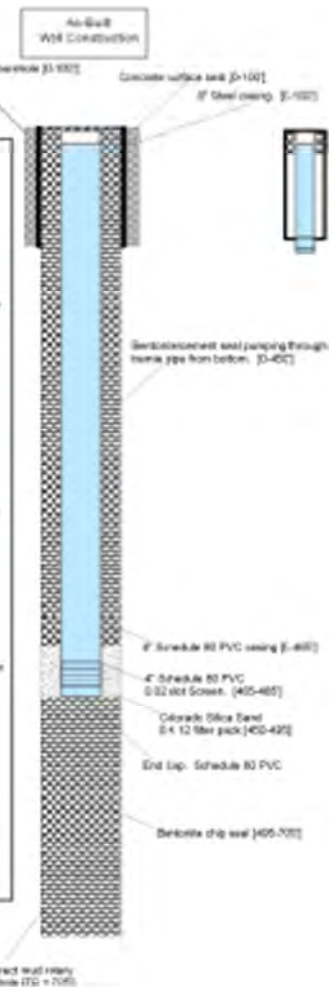
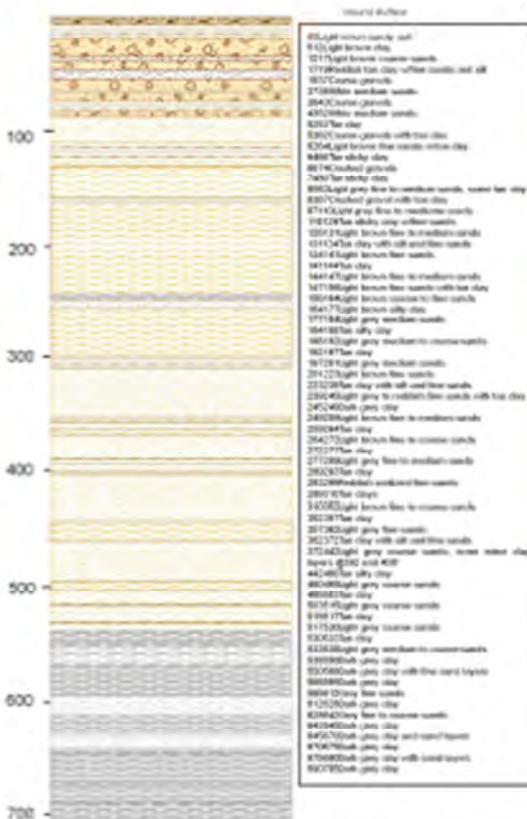
Water Chemistry

Analyte (mg/L unless otherwise noted)	Shallow	Deep
Alkalinity as CaCO ₃	260	137
Ammonia	<0.010	<0.010
Arsenic	0.011	0.006
Calcium as CaCO ₃	61	38
Chloride	4.07	4.85
Conductivity (uS/cm)	418	282
Fluoride	0.487	0.49
Hardness	200	120
Iron	<0.01	0.018
Iron (dissolved/filtered)	<0.010	<0.010
Magnesium	12	6.9
Manganese (dissolved)	<0.002	0.01
Nitrate as N	2.19	0.702
Nitrite as N	<0.18	<0.18
Orthophosphate as P	0.153	0.22
pH (SU)	7.31	7.18
Potassium	2.9	2
Silica	45	35
Sodium	38	20
Sulfate	9.02	22.1
Sulf de	<0.10	<0.10
Total Dissolved Solids	320	200
Total Kjeldahl Nitrogen	0.18	0.2
Total Organic Carbon	0.69	0.19
Field Temperature (C)	14.6	17.1
Field Conductivity (uS/cm)	482	312
Field pH (SU)	7.45	7.27

Borehole Geophysics



Lithology Lithology based on drill cutting analysis conducted by IDWR



Other areas of concern -- North Ada County

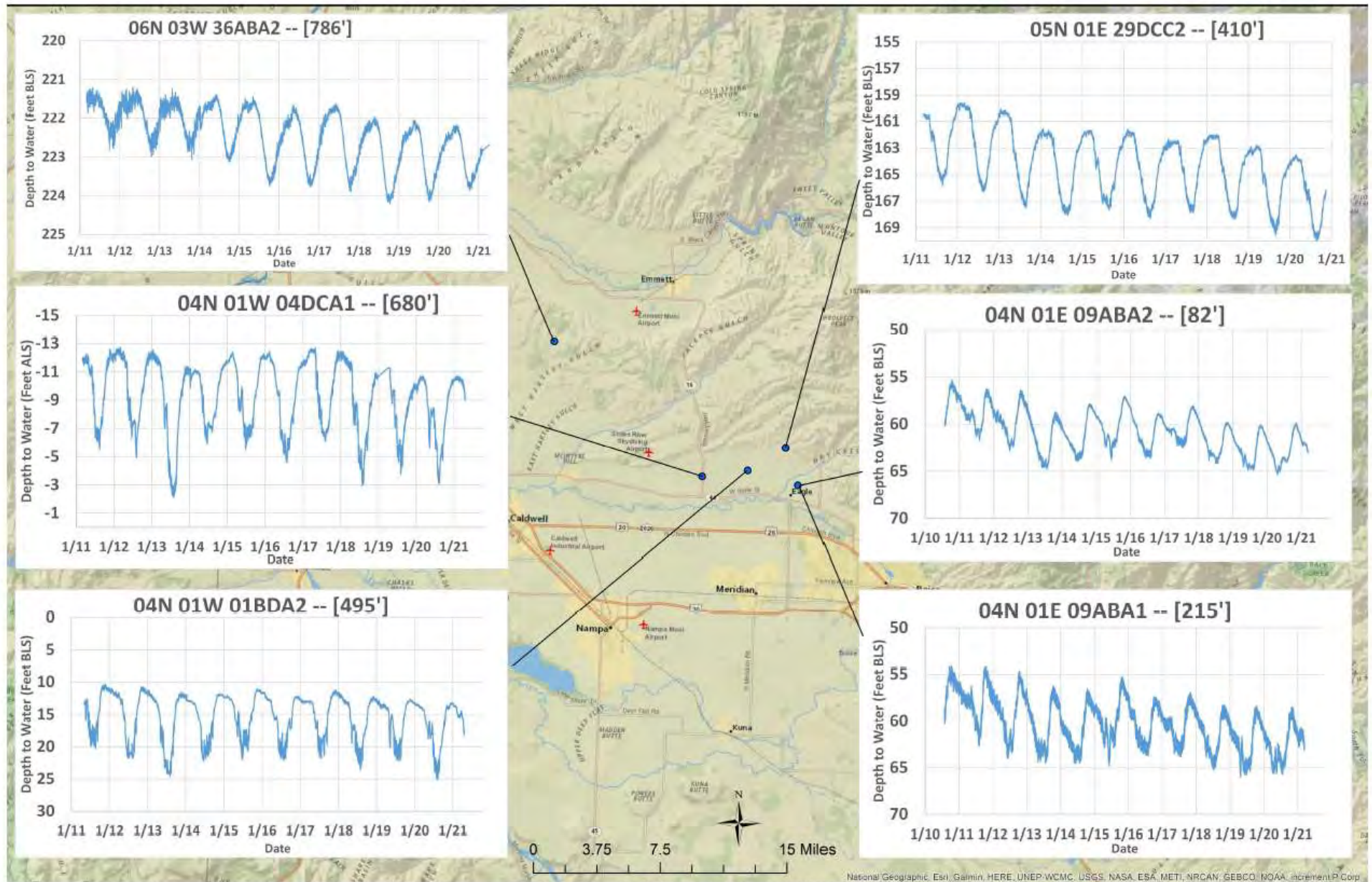


Figure 2. Hydrographs of IDWR monitoring wells near the city of Eagle.

Other areas of concern -- North Ada County

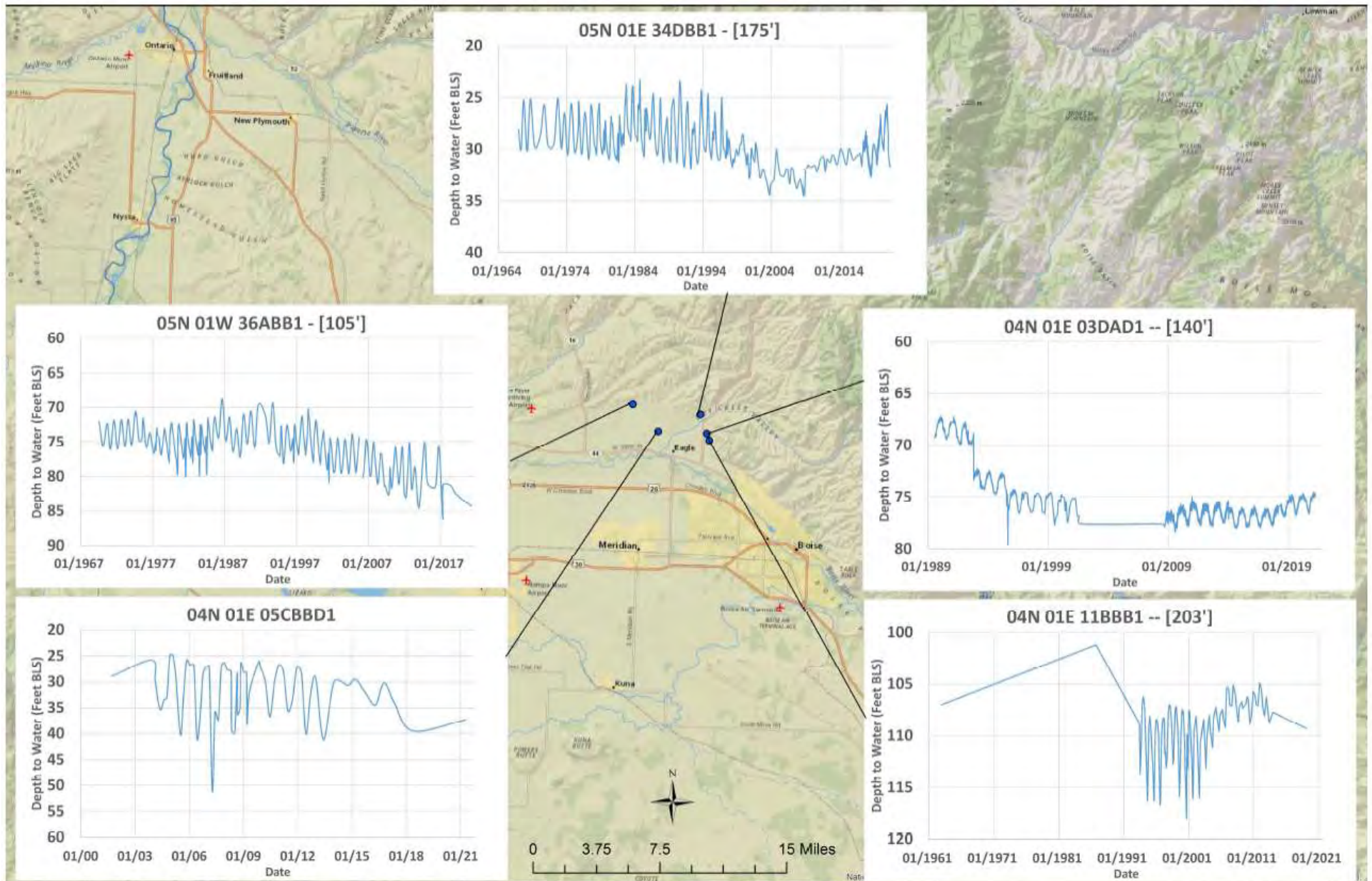
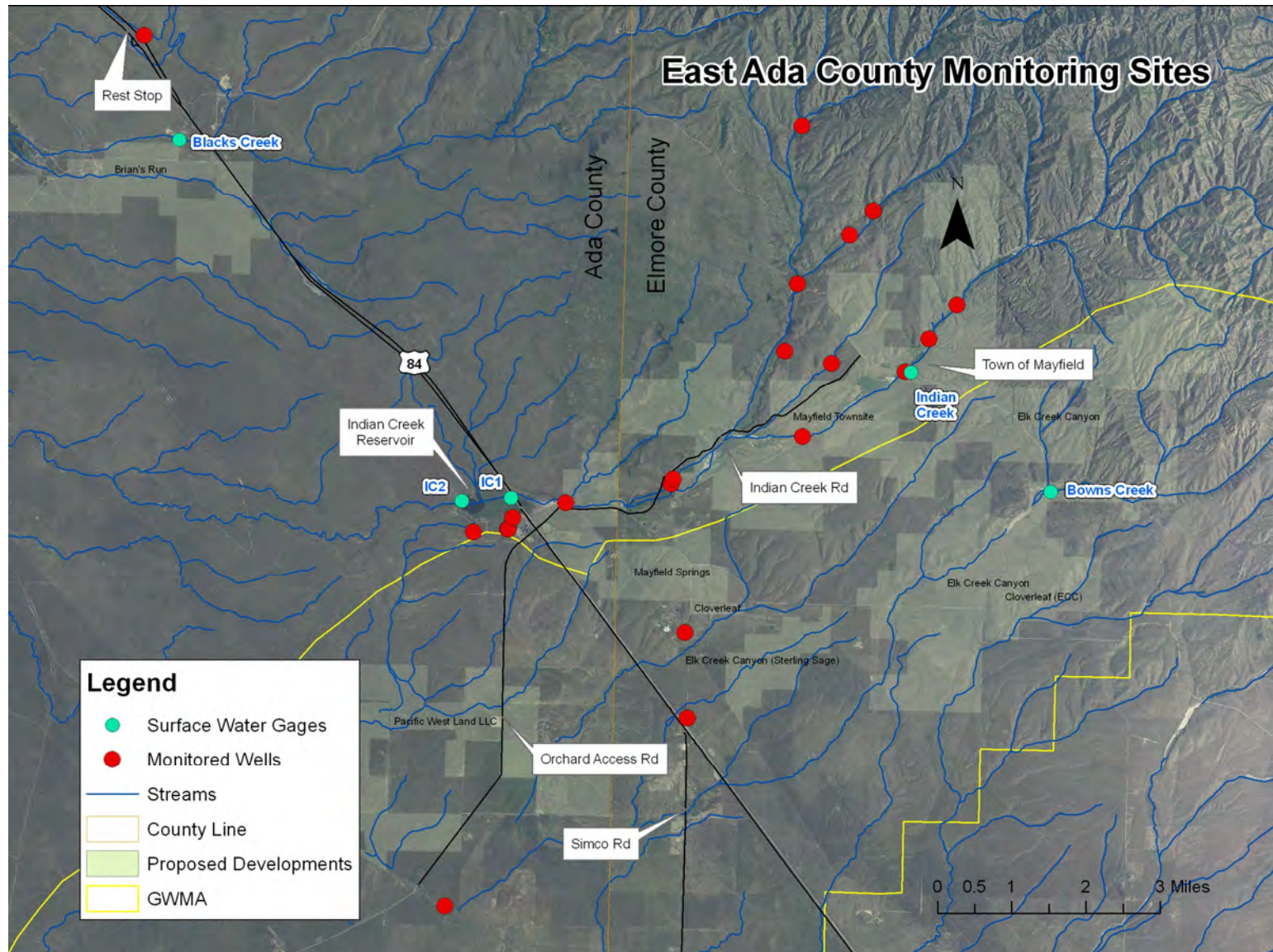


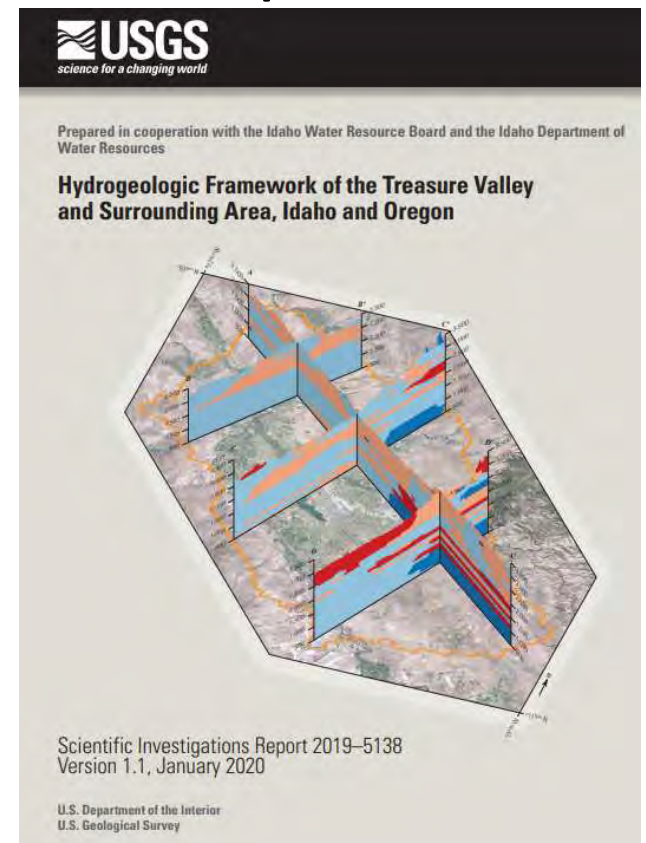
Figure 3. Hydrographs of historic wells currently monitored by IDWR near the city of Eagle.



Ongoing Research



- Monitoring.....
 - Any city wells (particularly monitoring wells)
 - Send us your data if you have any
- Treasure Valley Transient Model Development



Thank You



- Any Questions?

Dennis Owsley

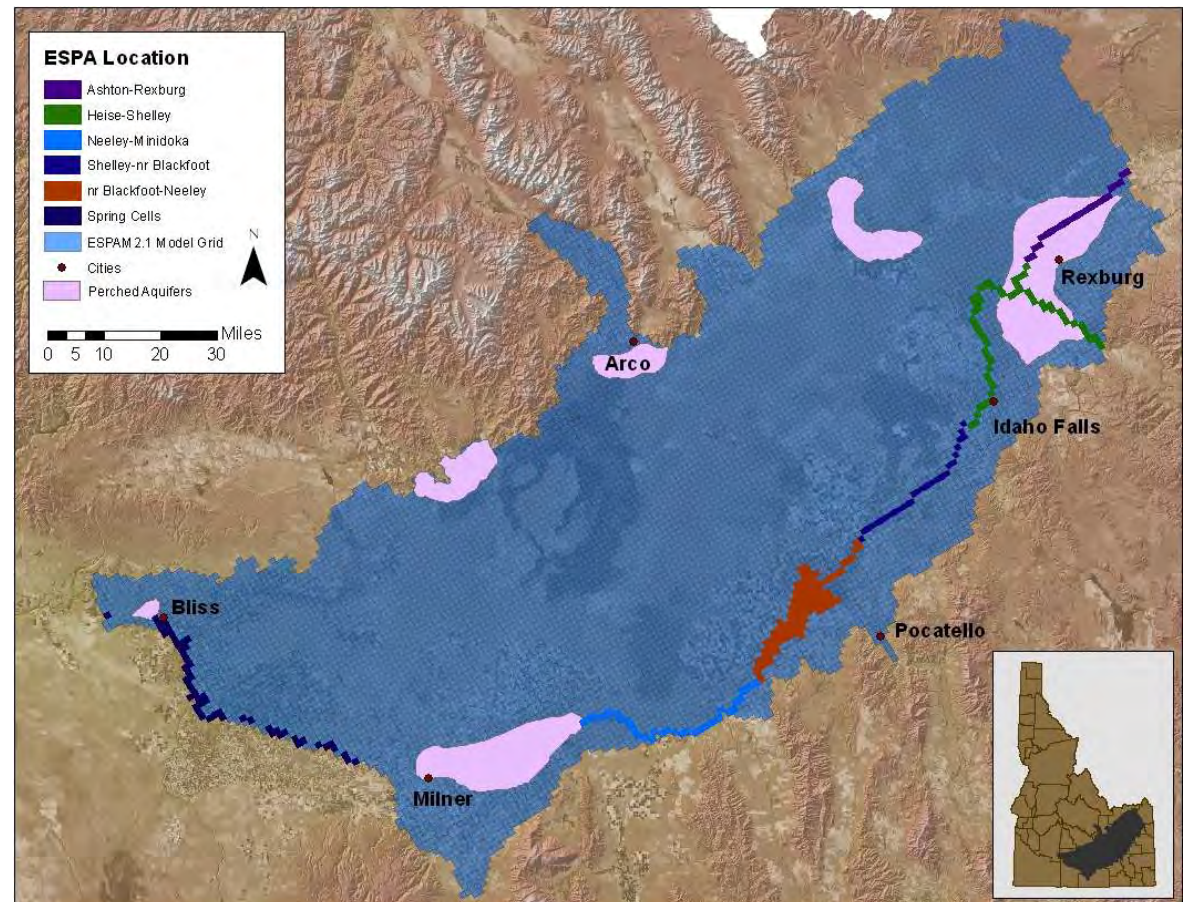
Dennis.Owsley@idwr.idaho.gov

(208) 287-4855

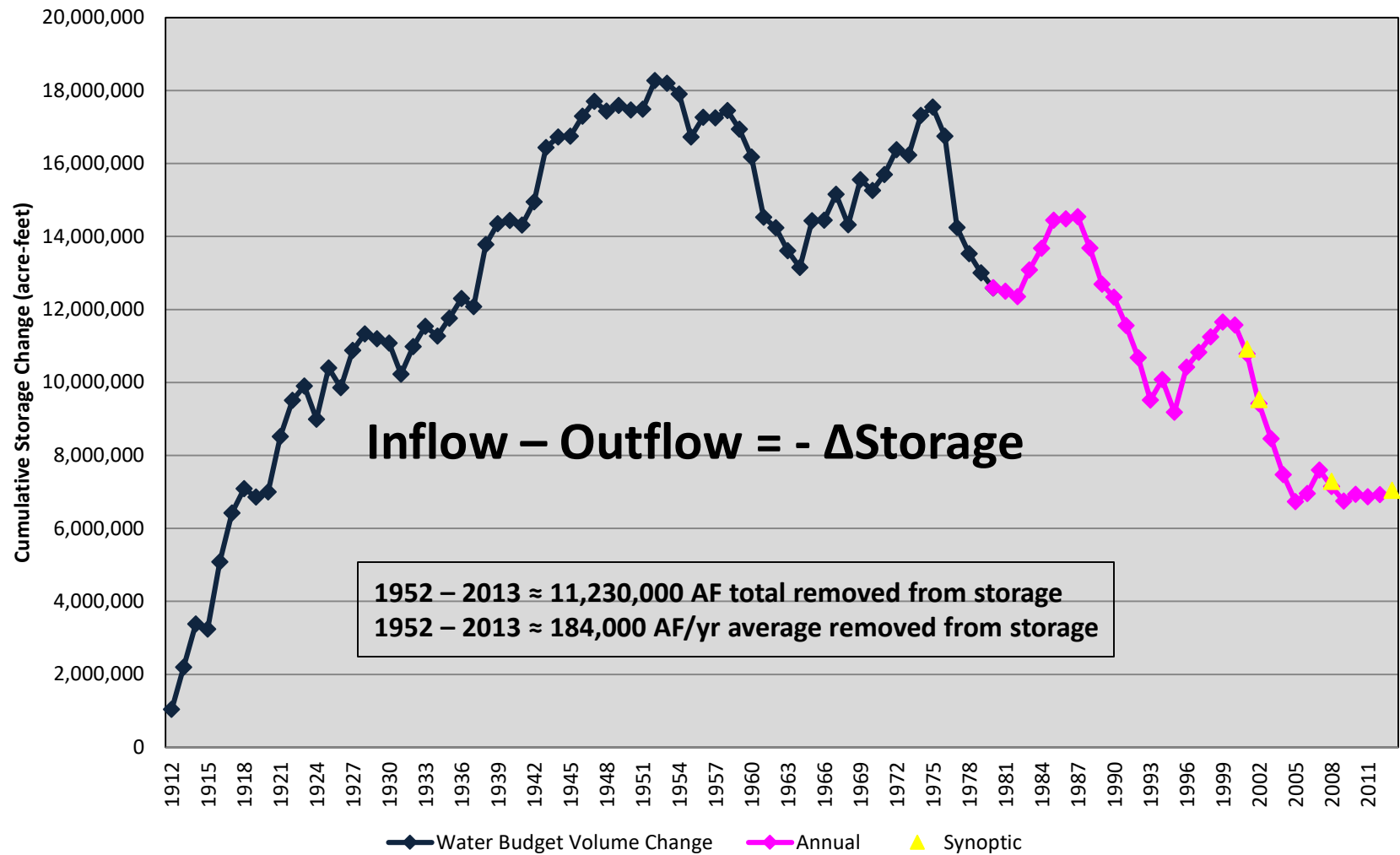


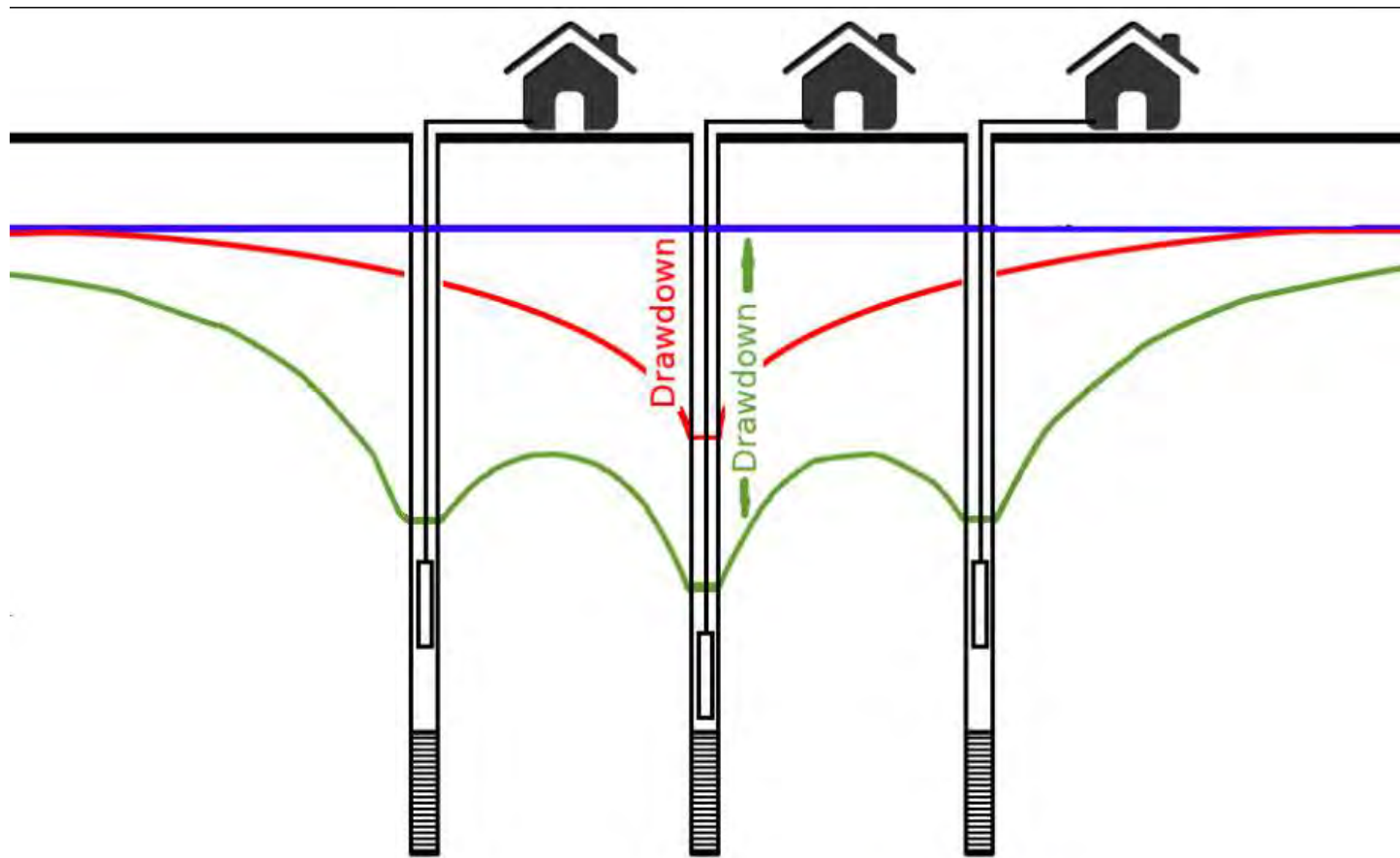
Eastern Snake Plain Aquifer:

- Aquifer composed primarily of basalt.
- Aquifer is generally unconfined with local confined conditions.
- Some locally perched areas.
- Depth to water ranges from a few feet in places near the river to over 900 feet in the center of the plain.
- Recharge due primarily to irrigation and stream seepage, tributary underflow, and precipitation.
- Water moves very easily (fast) through this aquifer
- Largest aquifer in Idaho.
- Very important to Idaho.

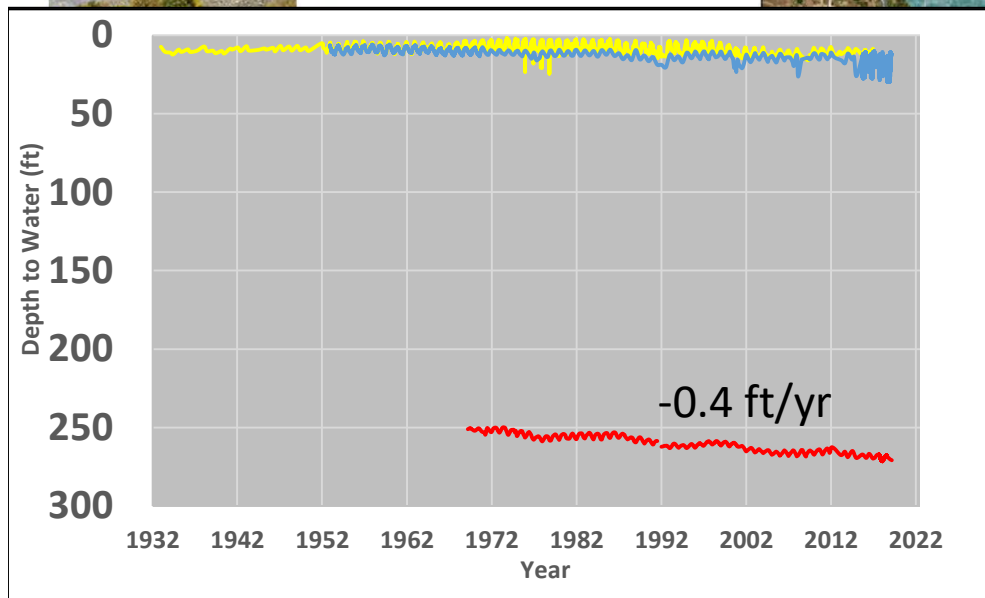
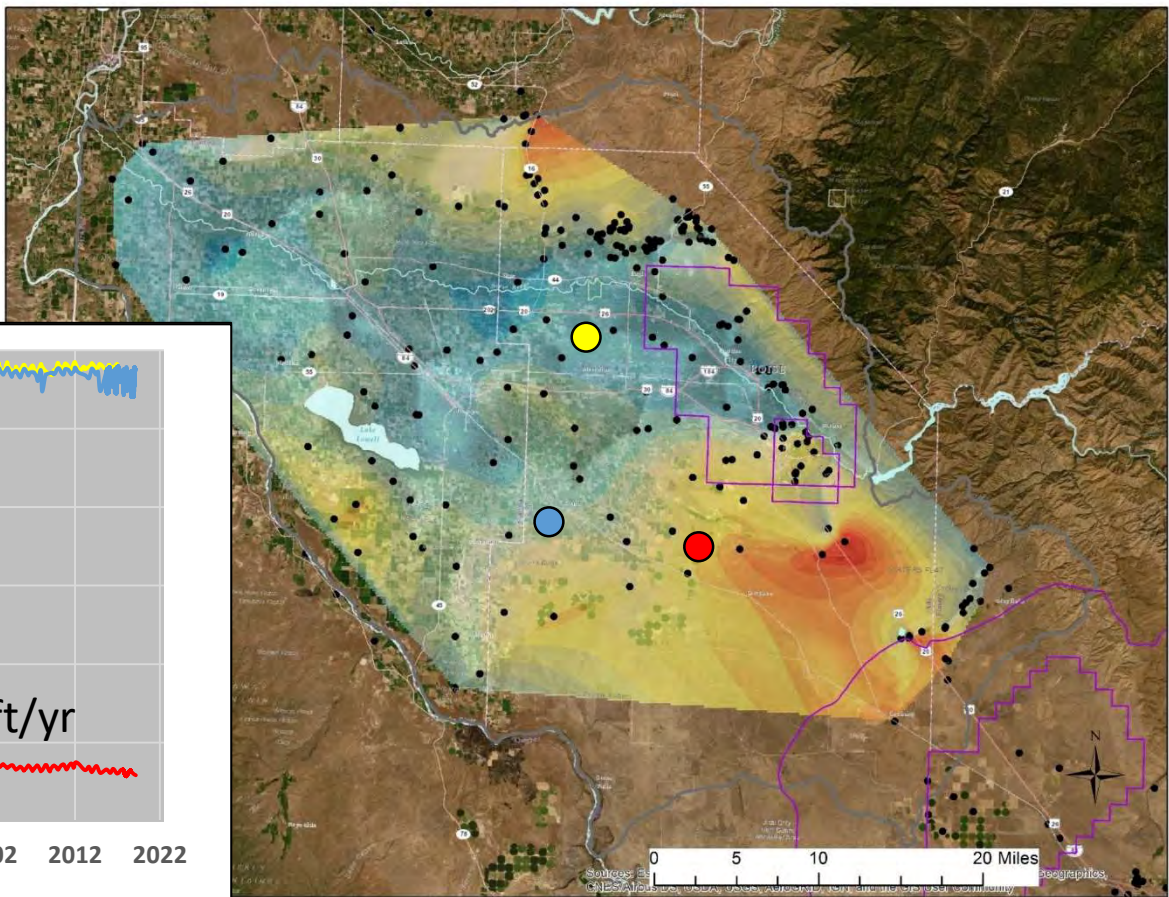


Cumulative Volume Change of Water Stored Within ESPA – ESPAM2.1





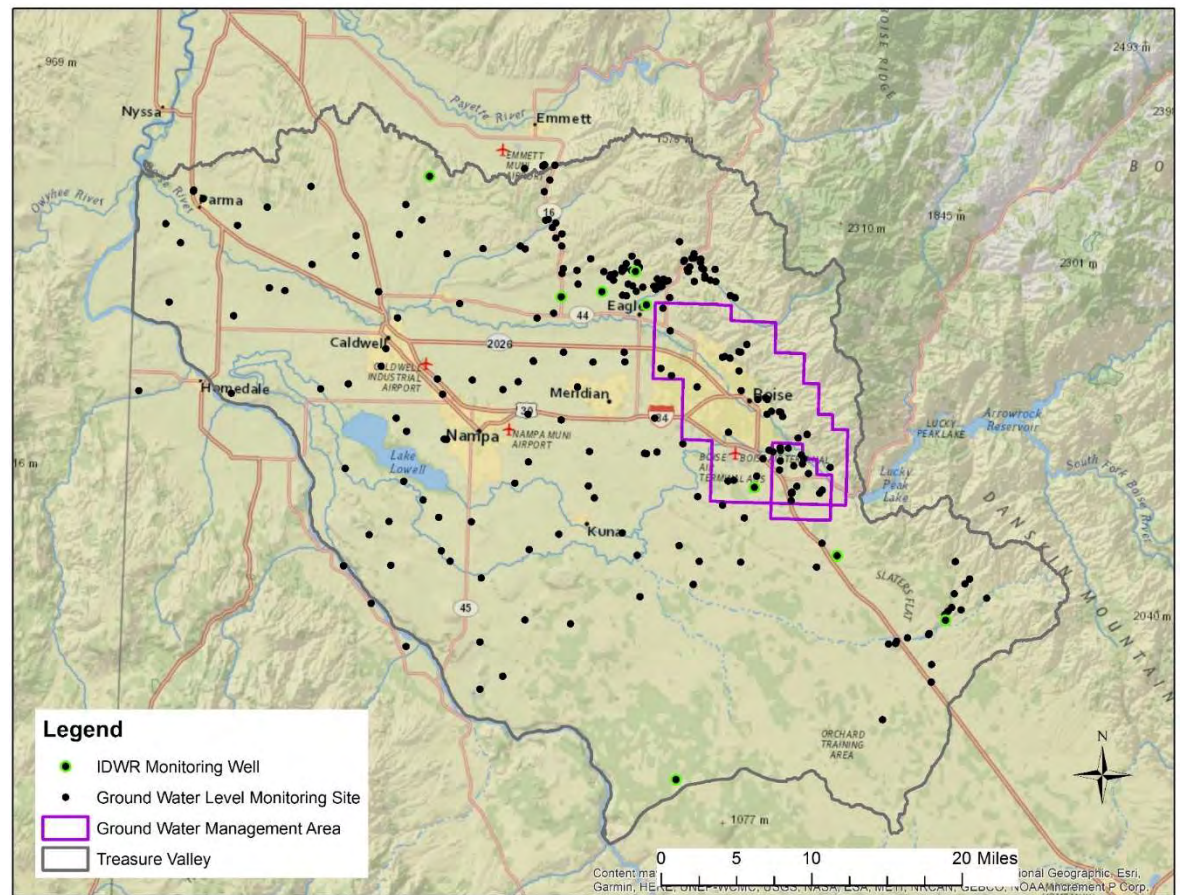
- Original Water Table
- Water table with one well pumping





Treasure Valley

- Boise Front GWMA (1987)
- Southeast Boise GWMA (1994)
- Model development
- Complex sedimentary aquifer system
- Over 100 wells monitored





Public Water Systems Program

HEALTHIER TOGETHER

SWDH.ORG

What is a Public Water System (PWS)?

- 15+ connections or 25+ people a day for 60 or more days out of the year



Public Health Impact



1886 and 1899

River and Harbor Acts

Curbed waterway pollution

1912

U.S. Public Health Service Act

Sought to prevent waterborne illnesses

1948

Federal Water Pollution Control Act

First national law preventing pollution

1972

Clean Water Act

Allowed EPA to regulate pollution in national waters

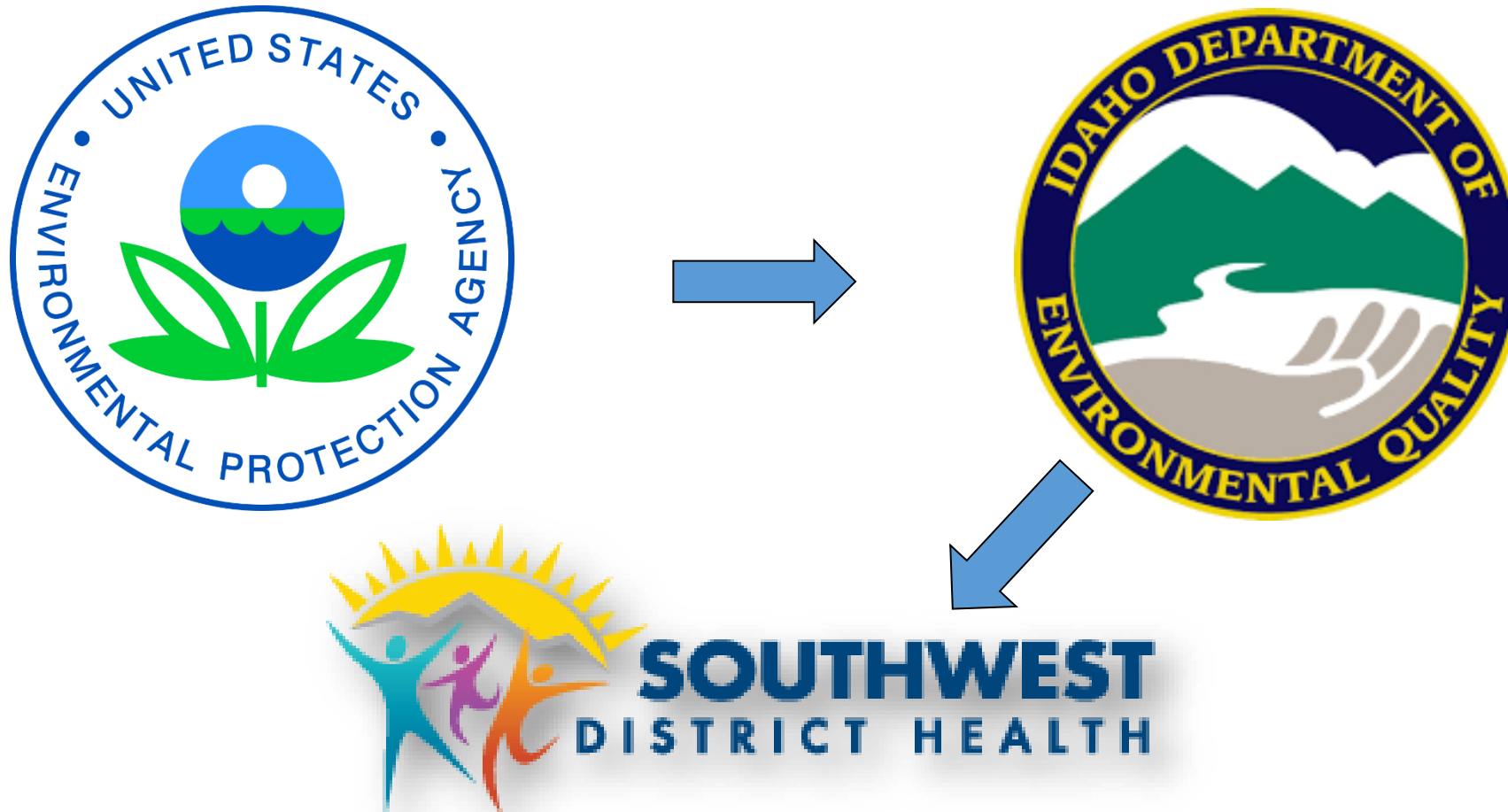
1974

Safe Drinking Water Act

Allowed EPA to set and enforce safe drinking water standards

- 86% of Americans rely on public drinking water systems
- The EPA sets legal limits to over 90 contaminants in drinking water

Who Regulates?



Types of Public Water Systems:



Southwest District Health Systems

- 260 total systems
 - 40 Community Systems
 - 41 Non-transient, non-community
 - 179 Transient



Public Water System Requirements

- System must be approved through DEQ for construction and water quality standards
- Regular water quality testing
- Regular water system inspections
- Community and non-transient, non-community systems require a licensed operator
- Community systems require annual consumer confidence report

Testing Requirements

- All systems routinely test for coliform bacteria, nitrate and nitrite
- Other testing varies with the type of system or if there is a particular contamination concern or event



Testing Requirements

- Other tests required:
 - IOC's – Inorganic Contaminants
 - Lead and Copper
 - VOC's – Volatile Organic Compounds
 - SOC's – Synthetic Organic Compounds
 - Radiologicals



Contaminants Found in District 3

- Most common contaminants found in our six counties:
 - Total Coliform
 - *E. coli*
 - Nitrate
 - Arsenic
 - Fluoride
 - Uranium

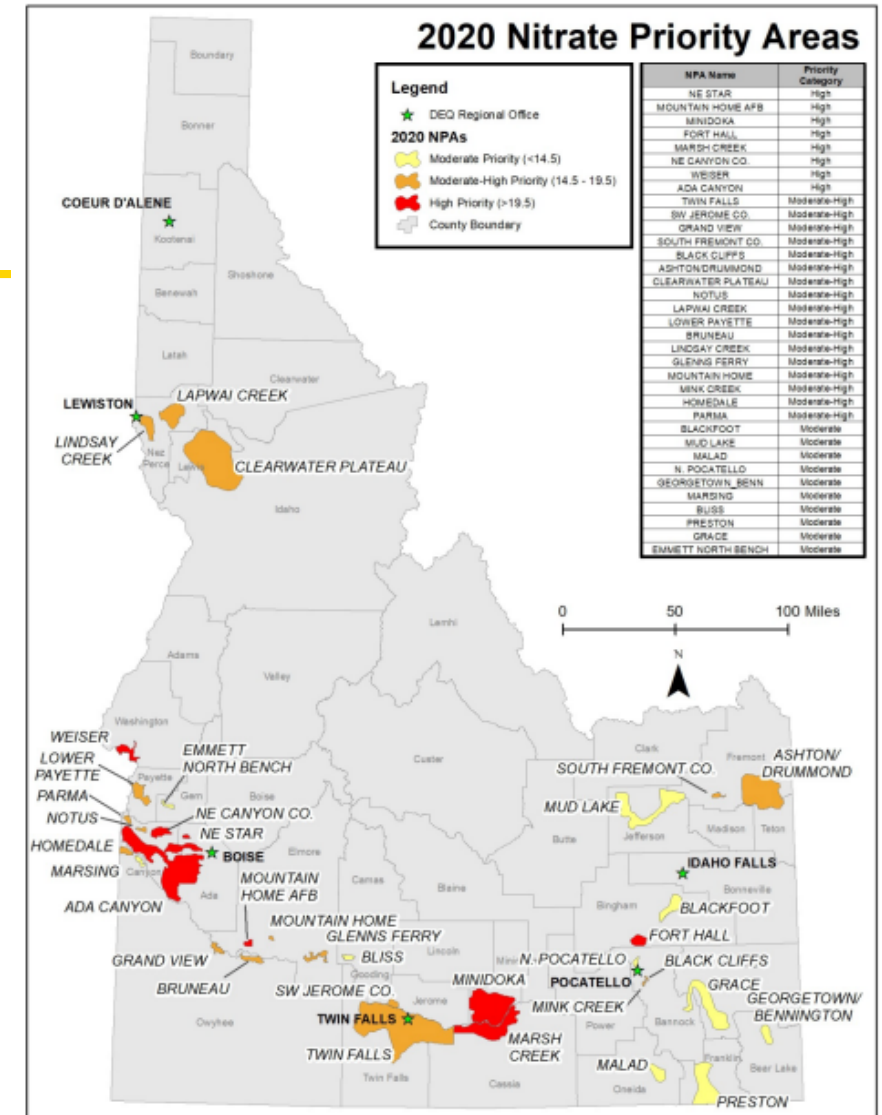
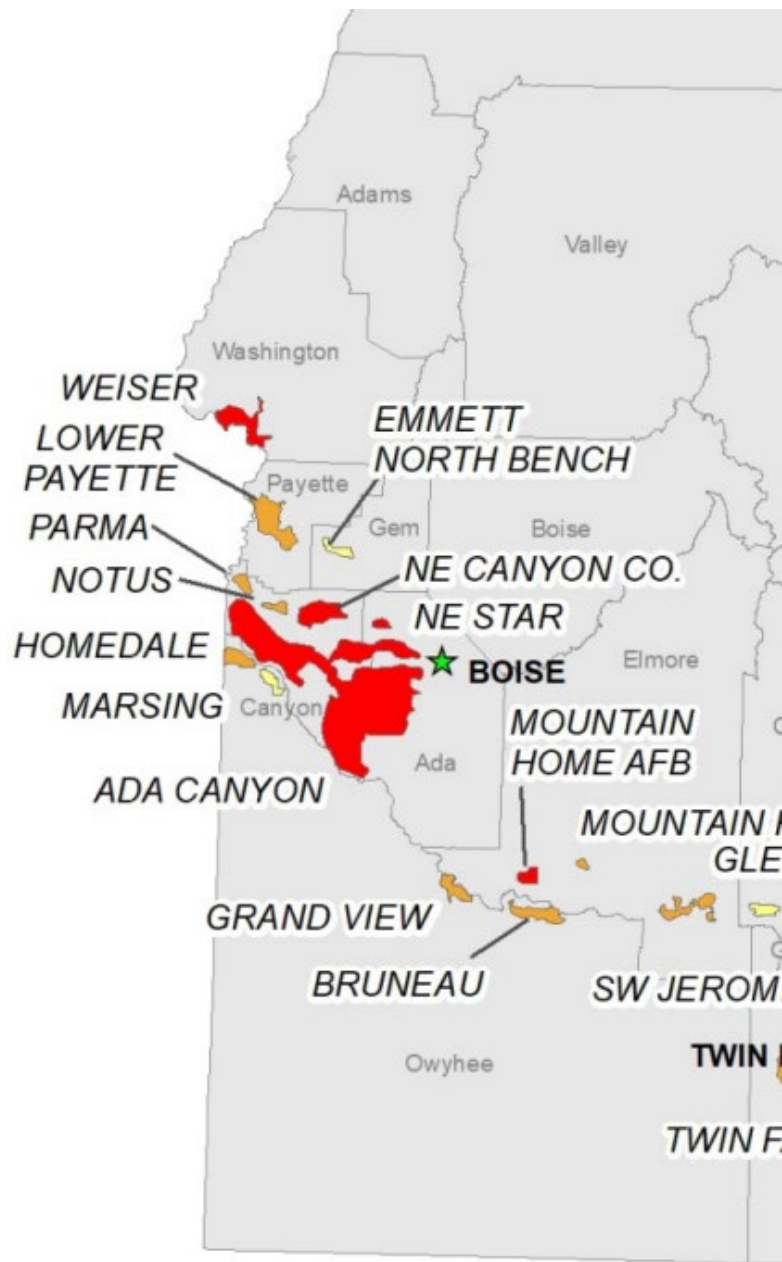


Figure 1. 2020 ranked nitrate priority areas.



Legend

★ DEQ Regional Office

2020 NPAs

Yellow Moderate Priority (<14.5)

Orange Moderate-High Priority (14.5 - 19.5)

Red High Priority (>19.5)

Grey County Boundary

Idaho Department of Environmental Quality, 2020

Other Activities Related to Drinking Water

- In addition to regulating the testing of the drinking water, we also:
 - Conduct routine inspections of all our water systems (sanitary surveys)
 - Ensure consumer confidence reports and public notices are provided to consumers as needed
 - Conduct system assessments when problems arise
 - Serve as a resource of information and technical assistance to all the water systems and operators

Questions?

Lisa Bahr, REHS
Public Drinking Water Coordinator
Lisa.Bahr@phd3.idaho.gov
208-455-5412



Region 3 Behavioral Health Board

October 26, 2021

HEALTHIER TOGETHER

SWDH.ORG

Overview of SWDH's Concerns

- SWDH does not appear to be meeting the expectations of the R3BHB
- Employees of SWDH are not treated in a respectful and courteous way by some members of the R3BHB, which if this continues, will impact retention and recruitment efforts
- Disparaging comments made in public and via email to SWDH's valued partners that undermine SWDH and could put our community partner relationships at risk

Scope of the Contract between DHW & SWDH

- Administrative support to the R3BHB, executive committee, sub-committees, and workgroups
- Document and maintain meeting minutes
- Support the R3BHB's development of community resources and services
- Assist with the development of a R3BHB budget
- Maintain a R3BHB website
- Prepare reports
- Provide support to grant writing efforts
- Support R3BHB's efforts to educate and train on the mission and vision of the R3BHB
- Provide personnel support as described in statute
- Provide a fiscal support structure and support operational needs
- Provide legal support
- Manage grants and grant funding secured by the R3BHB

Summary of Expectations

- Expectations of R3BHB

- A leadership change of the chair and vice-chair
- Improved transparency and input with the R3BHB on matters pertaining to agenda planning, recruiting speakers, grant opportunities, needs of SWDH staffing support
- Respectful written and verbal communication in emails and during meetings
- Clear direction of priorities and tasks and clarification of desired role

Per 08/20/21 Memo

- Expectations of SWDH

- Complete meeting minutes, meeting coordination (e.g., set-up and agenda/note distribution), and applying for grants
- Monthly updates: Partnership for Success, Crisis Center Transportation Workgroup, and Region 3 Behavioral Health Board budget

Per 10/09/21 Memo

SWDH's Recommendations

Option 1

- Recruit for and hire a part-time temporary or limited-service position to meet the administrative needs of the R3BHB
- Contract out any grant writing needs in accordance with our current MOA
- Re-evaluate the relationship at the end of the contract period (September 14, 2023)

Option 2

- Provide notice to DHW that we wish to terminate the contract
- Continue to meet our contractual requirements and provide support throughout the transition period



August 20, 2021

TO: Region 3 Behavioral Health Board

SUBJECT: Contemplated termination of the contract to deliver Region 3 Behavioral Health Board support

1. Southwest District Health (SWDH) is contemplating termination of contract BC031400 with the Division of Behavioral Health. This contract agreement requires SWDH to deliver administrative support, fiduciary services, and meeting space to the Region 3 Behavioral Health Board (R3BHB).
2. Southwest District Health communicated concerns regarding the relationship between SWDH and the R3BHB to the Division of Behavioral Health on May 18, 2021 in an effort to make our concerns known and work toward a resolution (Attachment).
3. Southwest District Health's Director and Board of Health members have attended two R3BHB executive committee meetings and one regular R3BHB meeting since May 2021. On Tuesday, August 20, 2021, SWDH staff met with the chair and co-chair of the R3BHB and discussed next steps toward resolution. It was agreed that SWDH and the R3BHB would provide their respective expectations if SWDH were to continue to carryout the work of contract BC031400. Below are SWDH's expectations of the R3BHB, which we feel are necessary to foster a professional and collaborative relationship moving forward.
 - a) A leadership change of the Chair and Vice-Chair.
 - b) Improved transparency and input with the R3BHB on matters pertaining to agenda planning, recruiting speakers, potential grant opportunities, needs of SWDH staffing support, etc.
 - c) Respectful written and verbal communication in emails and during meetings to both staff and partner organizations.
 - d) Clear direction of priorities and tasks and clarification of desired role (i.e., primarily administrative support or broader ability to engage in behavioral health efforts, write for and manage grants, etc.).

We look forward to seeing the expectations of the R3BHB.

Sincerely,

Nikole Zogg
Director

Cc: Division of Behavioral Health

Attachment: Memorandum to Division of Behavioral Health dated May 18, 2021

Healthier Together

13307 Miami Lane • Caldwell, ID 83607 • (208) 455-5300 • FAX (208) 454-7722

TO: Nikole Zogg, Director, Southwest District Health

FROM: Region III Executive Committee

SUBJECT: Region III Behavioral Health Board Response

10/8/2021

The Region III Behavioral Health Board is committed to enhancing the collaborative working relationship with Southwest District Health (SWDH) and value the contributions our two entities can make by working together to meet the needs of our communities.

In response to your two letters, the first dated May 18, 2021, to Ross Edmunds and the second letter dated August 20, 2021, to the Behavioral Health Board, the Executive Committee has engaged in discussions to identify changes we believe would be beneficial to both parties. Although we are reluctant to support all requests identified in the August 20th letter, we did want to propose the following:

1. Communicating concerns regarding SWDH staff – we recognize that having a 23-member Board opens the possibility for an inundation of emails or phone calls to SWDH staff which may not accurately represent the Board. To ensure individual members do not misrepresent the Board as a whole, concerns will be discussed with the Executive Committee to determine whether it is appropriate for our Board to raise the concern with SWDH, followed by (if necessary) a discussion of how the concern will be communicated to you or your designee.
2. Communication with Board of Health – we would like to ensure the Board of Health is informed of the activities and support provided through the Behavioral Health Board to our community. The following suggestions are proposed:
 - We will invite a member of the Board of Health join the Region III Behavioral Health Board. It is our understanding that Commissioner Lyndon Haines from Washington County may be interested as per communication from Commissioners Shigeta and Rekow on September 10, 2021;
 - We would also be happy to have a Behavioral Health Board member attend the Board of Health meeting to provide a brief update on our monthly activities and relay any feedback from your Board to ours.
 - Melissa to provide monthly updates to the BHB after meeting with SWDH leadership.
3. Agenda Planning – this is accomplished during a monthly meeting with the Board's Chair, Vice-Chair, SWDH/Emily Straubhar, and other Executive Committee members as they are able to attend. We are unclear how to improve that process and invite your feedback and invite your participation in the process.
4. Grants – as Board members become aware of funding opportunities, our process would be to engage Board members in discussion to determine interest and then follow up with discussion with you to determine whether SWDH would be interested in partnering with the Board to submit the grant proposal. Our hope is that through this process we would keep SWDH informed of our interests/efforts and use Emily Straubhar's talents to guide the work needed by Behavioral Health Board members working on the proposal.

5. Priorities and Tasks –

- a. For Emily Straubhar, our first priority is to have the monthly minutes completed for the Executive Committee and the Main Behavioral Health Board meeting. Our second priority is the monthly coordination of sub-committees by setting up the meeting room, Zoom coordination, and agenda/notes distribution. Third priority is assistance with applying for grants. We recognize grant proposals involve a considerable amount of work and would look to Emily for expert guidance in organizing the work performed by Board members within the limits of her 18 hours per week.
 - b. The Behavioral Health Board would appreciate monthly updates on three areas: 1) Partnership for Success Grant, 2) Crisis Center Transportation Workgroup, and 3) the Region III Behavioral Health Board budget. We have suggestions but would invite your feedback to ensure it is the best solution. Our suggestions are:
 - i. Tara Woodward or designated representative on the Partnerships for Success program provide a monthly summary of the work that is being completed. This summary would be included in the monthly packet sent out to all Board members. In-person presentations are also requested on a (minimum) quarterly basis;
 - ii. Emily Straubhar or designated representative on the Crisis Center Transportation Workgroup provide a monthly summary of the work that is being completed. This summary would be included in the monthly packet sent out to all Board members. In-person presentations are also requested on a (minimum) quarterly basis;
 - iii. Charlene Cariou or designated representative provide a link to the monthly Behavioral Health Board expenditures that is distributed monthly with the Behavioral Health board agenda. This will provide transparency for all spending and allow Board members to understand where we are with expending our budget.
6. The Chair and Vice-Chair wish to continue to serve the community in their roles with the Behavioral Health Board.

We also recognize that organizing future opportunities to collaborate in-person to address concerns may reduce the likelihood that the genuinely good intentions may be misinterpreted as otherwise when sent in a letter or email. We understand that you did not arrive at your August 20, 2021 recommendations lightly and to this end, we extend an invitation for you to meet with the Executive Committee to discuss this letter. Our goal in meeting with you is to ensure our proposal meets the needs of SWDH and the Region III Behavioral Health Board.



May 18, 2021

MEMORANDUM FOR RECORD

TO: Ross Edmunds, Division of Behavioral Health, Idaho Department of Health and Welfare

SUBJECT: Pertaining to the termination of contract BC031400 with the Division of Behavioral Health

1. Southwest District Health (SWDH) has appreciated the opportunity to serve as the fiduciary organization for the Region 3 Behavioral Health Board (R3BHB) since 2015. This collaborative partnership has historically allowed the two organizations to support each other's efforts in improving behavioral health resources and access across the six-county region.
2. Over the past couple of years, SWDH has experienced a decline in the collaborative relationship that previously existed with the R3BHB. Despite our best efforts to meet the needs, requests, and expectations of the R3BHB, the nature of the relationship has continued to deteriorate.
3. Our primary concerns are:
 - a. While we are meeting the expectations and contract deliverables as outlined by the Division of Behavioral Health, SWDH does not appear to be meeting the expectations of the R3BHB.
 - b. Employees of SWDH are not treated in a respectful and courteous way by some members of the R3BHB. I am concerned this will result in our inability to retain quality staff to support this work.
 - c. Members of the BHB are making disparaging comments in public and via email to SWDH's valued partners that undermine SWDH and could put our community partner relationships at risk.

Upon request, evidence can be provided to support our concerns.

4. Today, I presented this dilemma and our concerns to the Board of Health. After thoughtful discussion, I was asked by the board to communicate SWDH's interest in terminating the contract and to initiate conversations with the Division of Behavioral Health to this end. I will plan to provide an update to the Board of Health at their June 17, 2021, meeting.

I will be reaching out to you and the contract monitor to schedule time to discuss this situation and options for moving forward.

Best Regards,

Nikole Zogg
Director

Cc: Melissa Mezo, Board Chairwoman, Region 3 Behavioral Health Board

Healthier Together

13307 Miami Lane • Caldwell, ID 83607 • (208) 455-5300 • FAX (208) 454-7722

Memorandum of Agreement

Objective

The ultimate goal for the development of a strong, mutual relationship among the Region 3 Behavioral Health Board (R3BHB), the Southwest District Health (SWDH) and the Department of Health and Welfare, Division of Behavioral Health (DBH) is to better serve all of our customers in need of behavioral health services. We clearly understand that each of our client bases, as well as those we mutually serve, will benefit when we share and combine our expertise. As more attention is given to addressing patients in a holistic manner, this effort becomes essential, both because of specific requirements under the Affordable Care Act, and because it is what is best for our customers.

Background

Through this MOA, the R3BHB, the SWDH and the DBH enter into a joint agreement that will support the establishment, maintenance, and the execution of powers and duties under Idaho Statute 39-3132, 39-3135 and 39-3136. This agreement seeks to outline the roles and responsibilities that are required of the R3BHB to demonstrate readiness to accept responsibility for Community Family Support and Recovery Support Services as defined in 39-3135. The DBH seeks to support the R3BHB's readiness, duties and powers by defining its role and responsibilities under this agreement in the promotion of better outcomes for Behavioral Health. The SWDH seeks to promote a Healthier Southwest Idaho and endeavors to partner with the R3BHB to promote the health and wellness of those who live, work and play in Southwest Idaho. As stated in section XV, subsection B of the contract between the State of Idaho Department of Health and Welfare and the Southwest District Health, "the Department of the Contractor may cancel the contract at any time, with or without cause, upon thirty (30) calendar days' written notice to the other party specifying the date of termination."

Mission

The mission of the R3BHB is to advocate, educate, and ensure accessible care for those in need of Mental Health and Substance Use Services, by developing and sustaining a network that promotes prevention and ready to access to a full range of services.

Vision

The vision of the R3BHB envisions a healthy community through a collaborate integrated network that promotes and sustains hope and recovery for all.

Roles and Responsibilities

1. SWDH Responsibilities:

- A. SWDH will comply with the rules, regulations and policies as outlined by the DBH and rules, regulations and policies pertaining to R3BHB as outlined in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.
- B. SWDH shall ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.
- C. SWDH agrees to support the goals and objectives of the DBH in the establishment of readiness and maintenance of R3BHBs under 39-3132.
- D. SWDH will manage personnel, operational and support tasks as stated in the Scope of Work, under the DBH contract.
- E. SWDH will maintain a webpage for the R3BHB.
- F. SWDH will not be responsible for services that are not funded or outlined within the Scope of Work under contract with the DBH.
- G. SWDH will participate with the R3BHB in the budget development process.
- H. SWDH will participate with the R3BHB in identifying service gaps and contract opportunities.
- I. SWDH will provide the R3BHB with assistance in the development of the Gaps and Needs Analysis report to the State Behavioral Health Planning Council (SBHPC).
- J. SWDH will collaborate on joint projects or initiatives that fit within the scope of the R3BHB, including but not limited to grant opportunities pursuable by SWDH.
- K. SWDH will provide behavioral health integration expertise and resources from the regional Behavioral Health Board, where available, and/or through the IDHW Division of Behavioral Health, or existing resources in the Western Idaho Community Health Collaborative (WICHC).
- L. SWDH agrees to meet at least bi-annually with the R3BHB and DBH to ensure ongoing alignment and compliance with this MOA.
- M. SWDH will promptly notify R3BHB of any anticipated or received funding that may be relevant or applicable to the mission of the R3BHB.

2. R3BHB Responsibilities:

- A. R3BHB will advise the SBHPC on behavioral health needs for adults and children within region/district.
- B. R3BHB will advise the SBHPC on progress, problems and proposed projects of the regional/district service.
- C. R3BHB will promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health services in the region/district.

- D. R3BHB will develop an annual Gaps and Needs Analysis assessment of behavioral health services for the region/district.
- E. R3BHB will assist the SBHPC with planning for service improvements.
- F. R3BHB will report annually to the SBHPC, the DBH and SWDH the progress being made toward building a comprehensive community family support and recovery support system that will include performance and outcome data.
- G. R3BHB will establish and maintain a children's mental health subcommittee.
- H. R3BHB will work actively to build and support community support and recovery support services within the region/district.
- I. R3BHB will follow all Idaho Code requirements for board membership as stated in 39-3134.
- J. R3BHB will coordinate all grant funding requests with SWDH in advance of the proposals being submitted for consideration. Guidelines for grant funding requests where SWDH will be the fiduciary agent are as follows:
 - i. SWDH must be notified at least 30 days in advance of the grant application deadline
 - ii. All grant writing responsibilities placed on SWDH will be paid by R3BHB
 - iii. SWDH's Finance Manager must approve the budget in the grant proposal prior to submission
 - iv. Grants that will require SWDH to hire and retain staff must be approved by the Director in advance of the grant proposal submission
 - v. All grant awards must cover the full cost of the project or program unless the Board of Health approves the use of SWDH funds to support the project or program in advance of the grant proposal submission
- K. R3BHB will meet at least bi-annually with SWDH and DBH to ensure ongoing alignment and compliance with this MOA.
- L. R3BHB will promptly notify SWDH of any anticipated or received funding that may be relevant or applicable to the mission of SWDH.

3. DBH Responsibilities:

- A. DBH will commit to annual funding of \$50,000 for the life of the contract which will be established at 4 year intervals.
- B. DBH will provide federal grant writing support for efforts agreed upon by the R3BHB and the SWDH.
- C. DBH will write and submit those grants that are agreed to by the R3BHB and SWDH that can only be submitted through the DBH (federal grants).

- D. DBH will meet at least bi-annually with the R3BHB and SWDH to ensure ongoing alignment and compliance with this MOA.

IN WITNESS WHEREOF, the parties have executed this agreement.

Southwest District Health

Region 3 Behavioral Health Board

Name of Organization

Name of Organization

NIKOLE ZOGG

Name of Signature Authority (printed)

Maissa Mero, MD

Name of Signature Authority (printed)

Director

Board Chair

Title

Title

Signature

10/2/19

Date

Signature

10/1/19

Date

House Bill 316 Update

State Controllers Office

- Meeting every two weeks
- Payroll processing
- Accounting
- IT/Security
- Procurement/Purchasing
- Transition to Luma

DHR Services

- Meeting as needed
- Temporary rule – removal from classified system
- Consultation
- Training (e.g., supervisor academy, CPM®)

Benefits

- PERSI will continue
- Medical & dental insurance will continue
- Short/long-term disability will continue
- Optional life insurance will continue
- Flexible spending accounts will continue

DHW & DEQ

- DHW is working on a revision to existing MOUs and intending to combine them into one comprehensive MOU
- DEQ is working on a revision to the existing MOU (removing references to delegated authority)

**IDAPA 15 – OFFICE OF THE GOVERNOR
DIVISION OF HUMAN RESOURCES AND PERSONNEL COMMISSION**

DOCKET NO. 15-0400-2100

NOTICE OF OMNIBUS RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule being adopted through this omnibus rulemaking as listed in the descriptive summary of this notice is July 1, 2021.

AUTHORITY: In compliance with Section 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 67-5309, Idaho Code.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting the temporary rule:

This temporary rulemaking adopts and republishes the following existing rule chapter previously submitted to and reviewed by the Idaho Legislature under IDAPA 15.04, rules of the Idaho Division of Human Resources and Personnel Commission:

IDAPA 15.04

- 15.04.01, *Rules of the Division of Human Resources and Idaho Personnel Commission* - all rules except rule 008.

DHR edited sub-parts that were obsolete or outdated. Non-substantive changes and technical edits were also made for clarity.

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1)(a), (b), and (c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

This temporary rule is necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. This temporary rule implements the duly enacted laws of the state of Idaho, provides citizens with the detailed rules and standards for complying with those laws, and assists in the orderly execution and enforcement of those laws. The expiration of this rule without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by this rule.

FEE SUMMARY: This rulemaking does not impose a fee or charge.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Catherine Minyard by calling (208) 854-3074.

DATED this 1st day of July, 2021.

Lori A. Wolff, Administrator
Division of Human Resources
304 N. 8th Street
P.O. Box 83720
Boise, ID, 83720-0066
Office: 208-334-2263
Fax: 208-854-3088

**IDAPA 15 – OFFICE OF THE GOVERNOR
DIVISION OF HUMAN RESOURCES AND PERSONNEL COMMISSION**

**15.04.01 – RULES OF THE DIVISION OF HUMAN RESOURCES
AND IDAHO PERSONNEL COMMISSION**

000. LEGAL AUTHORITY.

The rules of the Division of Human Resources and Idaho Personnel Commission are adopted pursuant to Section 67-5309, Idaho Code. The Division has authority to determine the policies of the Idaho Personnel System and make such rules as are necessary for the administration of the Personnel System. The administrator of the Division is appointed by the Governor, subject to confirmation by the Senate, and serves at the pleasure of the Governor pursuant to Section 67-5308(2), Idaho Code. (7-1-21)T

001. SCOPE

These rules establish the policies and procedures of the Idaho Personnel System. (7-1-21)T

002. -- 005. (RESERVED)

006. WAIVER OF RULES.

The administrator reserves the right to waive any rule in specific instances when, in his/her opinion, such waivers are legal, warranted and justified in the interests of a more effective and responsive system of personnel administration. (7-1-21)T

007. -- 008. (RESERVED)

009. DUTIES OF THE ADMINISTRATOR.

In addition to other duties as assigned by law, the administrator provides administrative support to the Idaho Personnel Commission, has custody of the books and records of the Division and the Commission, and maintains a record of the proceedings before the Commission and its hearing officers. (7-1-21)T

010. DEFINITION.

Each of the terms defined in these rules have the meaning given herein unless a different meaning is clearly required by the context. Additional definitions are contained in Section 67-5302, Idaho Code. (7-1-21)T

01. Administrative Leave. Temporary paid leave from a job assignment where pay and benefits remain intact. (7-1-21)T

02. Appeal. Any written request for relief from dismissal, demotion, suspension, or other adverse action filed with the Commission by an employee, appointing authority, or applicant. The meaning of appeal includes application, petition, or protest. (7-1-21)T

03. Appellant. An employee, appointing authority, or applicant filing an appeal or a petition for review with the Commission. (7-1-21)T

04. Appointment, Limited. The appointment of a person to a classified position where the work is projected to be of limited duration, for which the person has qualified by examination. (7-1-21)T

05. Appointment, Permanent. The appointment of a person to a classified position who has been certified by the appointing authority to have successfully completed the required probationary period and whose employment is permanent, subject to removal or discipline only under the provisions of Title 67, Chapter 53, Idaho Code, and the rules of the Division and Idaho Personnel Commission. (7-1-21)T

06. Appointment, Probationary. The appointment of a person to a classified position for which the person has qualified by examination but is serving a work trial period as a condition for certification to permanent appointment. (7-1-21)T

07. Appointment, Project Exempt. The appointment of a person to a nonclassified position established under federal grants, which by law restricts employment eligibility to specific individuals or groups on the basis of non-merit selection requirements. (Ref. Section 67-5303(m), Idaho Code) (7-1-21)T



Strategic Planning Update

October 2021

HEALTHIER TOGETHER

SWDH.ORG

Strategic Planning Committee

General Support	Clinic Services	Environmental and Community Health	Leadership Representatives
Ashley Anderson	Juanita Aguilar	Kelly Berg	Jaime Aanensen
Tamara Martinez	Jill Betacourt	Hailee Tilton	Josh Campbell
Dean Page	Patty Kennings	Robin Stuart	Doug Doney
		Terry Wilson	Dr. Sam Summers
			Heather Taylor
			Nikki Zogg

Strategic Planning Committee & Process

- Following the framework: *Developing a Local Public Health Department Strategic Plan: A how to guide* (NACCHO)
- Collaborative planning process meeting every other week
- Currently defining what success looks like for each strategic goal to help determine metrics and objectives
- May utilize interviewing and conversations with program groups, beyond committee members, for determining tasks and/or key results – rather than workgroups to save time and respect capacity restraints



Strategic Plan – Goal Development



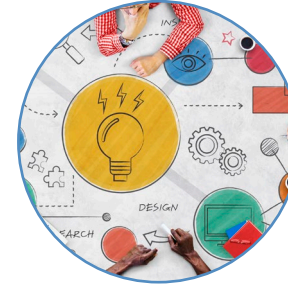
Assess
communities
needs that impact
health and well-
being



Address
community needs
to improve health
and well-being



Foster trust and
confidence in
Southwest District
Health



Innovate and
address emerging
public health
issues



Develop and
maintain a skilled
and engaged
public health
workforce

